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A CLINICAL LECTURE.

NERVOUS DYSPEPSIA.

ATONIC DYSPEPSIA ASSOCIATED WITH UTERINE DISEASE.

DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

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[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: I shall allow this patient to tell his own story. He states that he is 31 years old and a locomotive engineer by occupation. He is married and the father of four children, one of whom is dead, but the others are apparently in good health. He has been ailing for eight or ten years. The first trouble was an affection of the urethra and bladder. He thinks that he had gonorrhœa, for there was some irritation of the urethra with a whitish discharge; it is the only occasion when he had anything of the kind; after a time this disappeared. He then consulted a doctor, who told him he had a stricture and passed a catheter. Shortly after he was taken with a fainty feeling, and since then he has been complaining. There is at times an aching at about what he thinks to be the position of the prostate gland, and this is accompanied with twitching and jerking of the sphincter ani. When he found that his health was failing he stopped the use of chewing and smoking tobacco; this not proving sufficient, he gave up the use of tea and coffee, and drank hot water and milk, and in so doing has obtained some benefit. He has also regulated his diet so that he takes the most easily digested articles. There seems to be some impediment inside, the water does not appear to be carried off properly, or possibly, as he infers from what he has read in almanacs, the bile is backed up and cannot escape as it should do. For the past four weeks he has been unable to work. He does not sleep well at nights, but wakes at intervals, but when he awakes feels entirely comfortable. He has noticed of late that there is a tendency to brood over things that do not go exactly right. If some one speaks harshly to him, he is apt to worry about it for a long time. His appetite is good. Before beginning the use of hot water he suffered a great deal from wind, but since then this has not been so marked. As a rule, the bowels are open every day. After an aching spell has passed off there will be a little brown sediment in the urine. The heart acts too rapidly and is easily disturbed. He has observed that the mouth of the urethra is closed in the mornings with a little adhesive material. He has studied up his case from almanacs and other sources pretty diligently, and thinking that he might have a stricture he consulted a doctor and had a sound passed.

Let us now see if we can find a cause for this trouble. His work has been rather an exciting one. He worked from ten to twelve hours a day; at one time he had charge of a round-house for five years, and during that time he seemed to be worse. For fifteen years he used tobacco, chewing about ten cents worth a week and smoking two cigars a day; this gave him heartburn. He sometimes did not obtain sufficient sleep, and his meals were eaten hurriedly and at irregular hours. His father is living and hearty at the age of from 70 to 80

years; his mother is 60 years old, but has never been very strong; he has a brother and a sister, both of whom are healthy.

This is an interesting case, and it is of a class that often comes under observation, although they perhaps rarely display the fully developed affection and exhibit the minute details so distinctly as does this patient. I have allowed the man to tell his own story, and therefore shall not spend much time on this subject to-day.

You cannot describe this man's condition by a single name. There is no doubt that he has had a general catarrh, that is to say a catarrhal state of the mucous membranes pretty widely distributed, involving the gastro-intestinal and genito-urinary mucous membranes. There is no affection of the kidney for the urine has been examined and found to be normal. This catarrhal condition has been brought on by hard work, exposure, insufficient sleep, coarse food, and hurried meals at irregular times. Very possibly there is some truth in the story that he had gonorrhœa which has left some urethral catarrh; back of this there has been developing steadily a nervous hyperæsthesia and exhaustion; after this had lasted for some time he began to be too conscious of himself. This is, perhaps, one of the first marked symptoms that indicates the development of the condition from which this patient suffers so markedly. A man notices a little quivering of the anus, which a healthy man would pay no attention to, or he observes a little stickiness about the urethra in the morning, or the pulse is a little too rapid. All these symptoms merely indicate that the nervous system is losing its calm equipoise and becoming morbidly sensitive to the details of organic life.

Having an analytical tendency and rather more education than most of the men of his occupation, he takes to studying himself, and this is another downward step. From this study he obtains partly correct and partly erroneous ideas; he broods over them, and imagines this, that, and the other. Then he begins to worry about the ordinary incidents of life, his sleep becomes disturbed, his digestion is impaired, and his work is too much for him, but the necessities of his life force him to go on. Fortunately his good sense led him as he expresses it to "lighten his train," dropping off one injurious habit after another, and regulating his diet. Most commonly at this stage men resort to the use of powerful tonics, or, still worse, stimulants and stronger food, with the idea that if they only force themselves through they will be able to overcome the defective vitality of which they are increasingly conscious. This man, very sensibly, began by throwing off weights and hindrances.

Such is the evolution of one of these cases. You may call it hypochondriasis, but this patient is not that sort of a man. A manly, clear-eyed, active American, who has always been able to do his work, is not the man to become a hypochondriac and imagine things without sufficient cause. It may be called nervous dyspepsia. It is that, and something more. You may imagine that this man has a minute amount of stricture of urethra and that from this the symptoms have resulted. Many text-books will be found where all these and a great many more symptoms are attributed to a slight contraction of the calibre of the urethra. In the majority of cases, this is only one of the elements and a small one. All of these cases will present the compound character here observed. It may be called neurasthænia. All these names may be applied, and with propriety, because all these elements are present. Most of these cases are complicated, and evolved in something like the way I have described. There are many other types of the affection which, however, at last lead to the same end. But if you recognize the types, you will not fail to recognize the instances belonging under each.

Nor is it possible to discuss the treatment of such cases in a few minutes, or even within the limits of an hour. General principles only can be laid down, but each case must be studied for the general indications which it presents. Graduated exercise and moderate employment of the mind are fundamental elements of the treatment. Strictly physiological life as regards diet, dress, and all occupations, is to be enforced. All irritating and stimulant remedies are to be avoided, and the use only of simple means which will assist nature to regulate the functions. Proper preparations of iron with mineral acids and simple tonics are the remedies to be employed. The bowels are to be regulated by diet and appropriate exercise, and such a course of life is to be followed as will secure healthy sleep. In extreme cases, change of residence, distraction of the mind by travelling, and change of occupation is often

required. Sometimes in order to give the patient a start isolation and protracted rest is necessary.

This man is unable to do more than half the amount of his ordinary work. There is not the slightest evidence of organic disease in any part of his body. The man should work so as to keep his mind occupied, but he should not go back to his old occupation of locomotive engineer, for this is too exciting for him. He should feel that he is earning something, and thus remove one source of anxiety. The substitution of hot water or milk for tea and coffee was a move in the right direction and should be continued. A total avoidance of all stimulants is necessary. Tobacco should not be used.

Internally I should recommend the tincture of the chloride of iron with dilute phosphoric acid, and a minute amount of strychnia as follows:—

℞. Strychnia sulphatis . . gr. ss.
Acidi phosphor. dil. . .
Tinct. ferri chloridi . . āā ʒiij.
Glycerin . . . . ʒj.
Aquæ, q.s. ut. ft. . . ʒiv.
M. Sig. A teaspoonful in a wineglassful of water, after meals, through a glass tube.

Atonic Dyspepsia Associated with Uterine Disease.—This lady is a farmer's wife, aged 55 years. She has had four children. Five years ago the menses stopped, and for the past five or six years she has been ailing, but for the last three years she has been worse. For a long time she has had "falling of the womb." She has a burning pain in the right side, and has a sensation as though something were crawling there. The appetite is good, but everything disagrees with her, and she is afraid to eat because so much wind is produced. She occasionally eats an egg or a roasted potato, but her chief articles of food have been bread and butter and weak tea.

This case represents another common type of cases which you will frequently meet with. Here we are on the border line between gynæcology and clinical medicine, where it is difficult to say to which branch of medicine the case belongs. This woman presents a broken down state of the nervous and muscular systems from excessively hard work, continued for years, with the further disadvantage of a serious uterine trouble, from which she has never been entirely relieved. We have grave pelvic troubles and also marked digestive disorders. It is very difficult to say, in any given case, whether the introduction of a pessary and the removal of some congestion or catarrh will relieve the general symptoms, and all the trouble be proved to be due to the local uterine lesion, or whether this uterine condition is the result of the relaxation and weakness of the muscular system, and, therefore, if the patient's health is built up and a reasonable amount of rest be given, the local symptoms will improve. Cases will be found which illustrate both branches of this statement, but a far greater number of cases will be met with which illustrate what I presume to be the case in this instance, that is that there are two independent conditions and that each requires separate attention. Many cases will be found in which either local or general treatment alone is not sufficient to effect a cure, but where the two have to be combined. I have no doubt that such is the case in this woman. There is in all probability prolapse of the womb with a prolapsed ovary, which is inflamed, congested, and tender. From this displaced and inflamed ovary there radiate these reflex sensations which are so frequently complained of in these cases and which this woman has in her right side.

A few days ago, I saw a young lady who had given birth to her first child eight years ago. She in some way strained herself, and ever since then had suffered with extreme numbness of the right side of the head, right arm and leg. She insisted that there was something alive and moving in the right iliac fossa, and that this was about the size of an egg, and at times she could catch hold of it, and then it would slip away. It was sometimes present and sometimes absent. On making a vaginal examination, I found prolapse and retroversion of the womb and prolapse of both ovaries, especially of the right. With this there was extreme anæmia, loss of flesh, and atonic dyspepsia. I asked Dr. Goodell to see her in consultation with me and introduce a pessary. As soon as the uterus was raised the numbness disappeared. The movement felt in the right side was probably dependent on a knuckle of intestine filled with gas, which drew upon some adhesion connecting it to the bladder or uterus resulting from an old pelvic peritonitis. We should probably find the same condition here.

This patient probably requires a pessary; she certainly requires rest; her housework must be

done for her; she must rest long hours in bed and get up to graduated exercise. She has herself regulated the diet; she has reduced it too much, and this is a point which often has to be corrected. Her anxiety to avoid everything which disagrees, has led her to cut off one thing after another until she has not left enough to support her. Our previous patient has not drifted into this error, which is a common one in nervous dyspepsia. The amount and kind of food that she has been taking has not been sufficient to support life, and tends to increase the atony and relaxation, and thus exaggerates the symptoms to relieve which she has adopted this process of slow starvation. The uterine trouble becomes aggravated, the constipation and flatulence are increased, and the nervous debility and sensitiveness are exaggerated. In such cases it is necessary to insist upon a cautious increase in the dietary. There is no reason why this patient should starve herself as she has been doing. She should take a soft boiled egg for breakfast, stale bread and butter and a cup of weak tea; between breakfast and dinner, a glass of butter-milk; at dinner a piece of tender meat; if she cannot take that, a roast potato and a glass of water, whch if she prefers, may be hot; in the evening she will have butter-milk, and with this, if she can take it, oat meal mush, wheaten gritts, and, if she likes, another egg with bread and butter. As she can bear it the dietary will be increased.

As I believe that there will be found thickening and congestion of the pelvic viscera, I shall order a tonic somewhat different from the one prescribed for the other case.

℞. Ammonii chloridi	. .	gr. v.
Tinct. ferri chloridi	. .	gtt. viij.
Liq. arsenici chlor.	. .	gtt. ij.
Aquæ, q.s. ut. ft.	. .	ʒj.

Sig. To be taken in a wineglassful of water immediately after meals.

PUERPERAL ECLAMPSIA.—Dr. Breus, of Vienna, reports 24 cases of puerperal eclampsia, out of which number he lost but two. His treatment consisted in rectal narcosis by chloral hydrate, assisted occasionally by inhalation of chloroform, thorough diaphoresis by hot baths and blankets, and the accomplishment of the delivery, if deemed permissible.

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ORIGINAL COMMUNICATIONS.

REMARKS ON CHOLERA FROM A PRACTICAL POINT OF VIEW.

PAPER READ AT THE INTERNATIONAL MEDICAL CONGRESS AT COPENHAGEN, AUGUST, 1884.

BY GRANT-BEY, M.D., ETC.

MR. PRESIDENT AND GENTLEMEN: When I came to this Congress it was with the sole intention of listening and of learning; but as the distinguished president of this section has asked me to lay before you something of my experience of cholera in Egypt, I most willingly acquiesce in doing so, not, however, to wrangle about the origin of the disease, but to discuss more particularly what are the best measures to be adopted for its control and ultimate extinction.

Gentlemen, it has been said that we know nothing about cholera, and that, on that account, we need do nothing against it; but this statement has emanated from an extra mural school that science does not recognize as an authority.

Gentlemen, I feel, in addressing you, that it is a piece of supererogation to state that we know a great deal about cholera, without taking into consideration the admirable discoveries of Dr. Koch that are only of yesterday, and that they require further study and research before they are finally accepted by the scientific world.

But we know that cholera is very fatal—that it is endemic in India, and that every few years it takes a wandering fit, and avails itself of every opportunity of leaving its native soil to search for "pastures new." It travels over land and over sea wherever there is human communication.

Here, however, I would remark, that a long sea voyage or a long desert journey is not congenial to it, so that up till now Australia has not been visited by it, and it has been ascertained that a three days' journey on the desert stamps it out of the caravan afflicted with it.

It is transferred from place to place slowly or quickly according to the methods of travel adopted by human beings; whether it be by sailing ship or by steamer; whether on foot or by railway. It is as frequently conveyed against the wind as in the same direction with it, and against the stream as with the current. It flourishes in heat and in cold, but it is more

severe in low lying districts than on the elevated lands, and in the low unsanitary slums of large towns, than in the higher and more cleanly quarters. It has been proved that contaminated drinking water has been and is still one of the principal media for propagating this disease, which numbers amongst its victims all classes and conditions of men.

Every medical man who has passed through a cholera epidemic can give his own experience in grappling with this formidable malady, and *that*, combined and compared with the observations of others, will ultimately lead to an accurate knowledge of the disease so as to guide us not only in curing the patient afflicted by it, but in stamping it out in its habitat; and here let me say that I thoroughly indorse the opinion of Dr. Cameron, of Glasgow, as stated at the late British Medical Association meeting at Belfast, viz.: "If we could stamp out the cholera in India the rest of the world would have nothing to fear." In other words, India is the country where cholera is endemic, and is, therefore, always a source of danger to every country having communication with it. Now to stamp out cholera in India will be a herculean labor and will take many years of vigorous sanitation, and probably during that time we shall have now and again to combat the unwelcome visitor both by sea and land.

But, gentlemen, while I am a contagionist (a microbist, if you choose) and, therefore, an importationist, as far as cholera is concerned, I am at the same time convinced that the commerce that imports the malady cannot be suspended, nor will it even allow of being immoderately impeded or obstructed, for thereby dishonesty is encouraged, the truth is concealed, and the malady is introduced clandestinely.

In my opinion, therefore, there is much more risk to a country by having a prolonged quarantine on vessels coming from an infected port, than if we were to have a very short quarantine combined with an effective disinfection. As regards the cargo, it could be partially disinfected while still in the vessel by the fumes of burning sulphur, or by any other disinfectant that could be made to permeate all through the hold. It could then be removed to a special magazine and there disinfected for twenty-four hours in a more thorough manner, space being left between packages so as to allow of the free dissemination of the disinfectant used.

In the case of rags, more care should be taken than with any other kind of merchandise. They would have to be spread out in the disinfecting magazine, and turned over several times in the twenty-four hours; but, as necessity is the mother of invention, no doubt something could be made for the rags to be spread on that would allow of the fumes of the disinfectant to penetrate from below upwards. In the mean time the vessel itself would be undergoing a thorough cleaning and disinfecting process before another cargo is taken on board. Such officers, and sailors, and passengers as are not affected by the malady (for I am now speaking of an infected vessel) should be allowed to disembark after a medical inspection and disinfection.

I allow that in this plan there is considerable risk, but I consider the risk is less than in the alternate plan of detaining by force the healthy and the sick for several days on a pest ship or in a lazaretto. Besides, I don't believe it can be done unless the infected vessel be immediately sent off to some distant island, from which there is no chance of escape, there to go through a purgatory of quarantine such, that even the most conscientious captains would feel themselves justified in falsifying their log in order to avoid it.

Escapes from lazarettos are too common to allow of their being looked upon as effective institutions in preventing the spread of contagious diseases.

Then as to those affected by cholera on board they should be removed under special sanitary precautions to a cholera hospital. All their dirty bed linen should be burned, and they themselves washed with a solution of carbolic acid not weaker than 5 per cent. and not stronger than 10 per cent., an antiseptic pillow of cotton or other absorbent material should be placed under the patient for the absorption and disinfection of the dejection, and the whole body wrapped in a disinfected sheet; other warm coverings might then be put over this and the patient removed from the ship to a disinfected vehicle to be conveyed to the cholera hospital. In case there should be a choleraic cadaver on board, I propose that it should be buried on shore under the same sanitary precautions as I recommended for the burial of the dead cholera patients during the epidemic of last summer in Egypt, viz., to wash the dead body in a 10 per cent. carbolic

acid solution and then wrap it in a sheet saturated with the same solution and have it buried as soon as possible. On the other hand, if a vessel arrives from an infected port with a clean bill of health, having had no suspected cases even during the voyage, and the cargo not being rags, I should allow of free pratique after a simple medical inspection; but if the cargo is rags, I should insist, as far as that cargo is concerned, on having them disinfected as well as the hold of the vessel. Then, again, if a vessel from an infected port arrives at a non-infected port with a clean bill of health, but showing that during the first part of the voyage there had been some suspicious cases on board that had either died or recovered—this would call for the special attention of the visiting sanitary officer so as to make sure that the dirty linen of the patients had been destroyed and disinfectants used; he should also make a special point of finding out whether any one on board was suffering from diarrhœa. Cases of diarrhœa under these circumstances should be dealt with in the same way as is recommended above for cases of cholera.

While dealing with ships, there is one other precaution to be mentioned, viz., that the captain, or whatever officer employs sailors from an infected port, should have them pass a medical inspection before they are allowed to come on board. Should a vessel from an infected port arrive at another infected port, I should adopt the same sanitary measures as if it had arrived at a non-infected port with the view of preventing any recrudescence of the disease. I am taking it for granted that all this time the sanitary authorities on shore are alive to the situation, and have fully arranged for every emergency by establishing cholera hospitals, by flushing and disinfecting the sewers, by cleansing the streets, and by causing a house to house sanitary visitation, etc.

Now, as communication between an infected country or town and a non-infected country or town cannot be effectually cut off, I should simply institute sanitary measures that would be as effective as possible without increasing panic, and not so troublesome as to make people try to evade them.

I have passed through two severe epidemics of cholera in Egypt which have clearly demonstrated the merits and demerits of the cordons sanitaires. During the cholera epidemic of 1865 no sanitary measures of this nature were adopted, but notwithstanding this freedom from the cordons sanitaires the panic amongst the foreign population in the country was greater than the panic of last summer's epidemic, when the cordons sanitaires were put to the test. I merely state this to show that the simple presence of cholera in a commuunity is sufficient of itself to cause a panic, as we have seen this summer at the French infected towns, and we must be prepared to summarize the risk incurred by a panic stricken people from an infected district scattering themselves over the country. The only good that could be attributed to the application of the cordons sanitaires in Egypt, was that it decidedly retarded the progress of the malady, and thus gave more time for the non-infected towns to prepare for the enemy that was sure to come upon them through those who would manage to pass the cordons secretly or otherwise. But I fear the ultimate result was far from favorable, for if the government had allowed the late sanitary board to finish their report on the cholera we should have found the mortality of the last epidemic about the same as that of 1865. It is not, therefore, in my opinion justifiable to apply cordons sanitaires, if all the good they do is simply to check the progress of the disease for a few days without lessening the ultimate mortality.

I do not hesitate for a moment to state my belief that if an absolutely perfect cordon sanitaire were placed round an infected town or district, the cholera would not spread from there but would die out in due time unless it were endemic in the place. It is the imperfection of the cordon that is scientifically its weakest point, and it has been quite impossible as yet to make it perfect. Now, while the dictates of science are, as a rule, sound, they may be quite impracticable, while a modification of them might be carried into effect with success. I do not believe that a civilized people would submit to be confined to an infected city by a cordon sanitaire. They would rise in rebellion and break through the cordon at the risk of being shot. We are compelled, therefore, to propose more manageable and less annoying measures of sanitation. If people choose to leave an infected place to go to a non-infected one, I do not see why it should be either difficult or very annoying for them to inform the sanitary authorities of their intention, and let them and their baggage be disinfected before

leaving. All this requires considerable organizing and studying out, and what I have said about it is simply broaching the subject, that hygienic minds may think the matter over more in detail and come to some universally practical results.

With respect to prophylactic measures to be recommended, besides sanitary precautions, I would here mention, that from five to ten drops of dilute hydrochloric acid three times a day were taken by the members of several large households in Cairo before and after the cholera broke out in that town, and only one of their number was seized by the cholera, and he died, but he was a Greek servant that probably did not take the acid. I think it is a great matter at such times when a contagious disease is at the door that all food should be well cooked and drinking water boiled.

In the medicinal treatment of the disease I consider that I have had great success, and I shall here recount to you in a few words my experience. During the cholera of 1865 in Egypt, the most remarkable cases of recovery that came under my notice had been treated by small doses of calomel frequently repeated according to urgency of symptoms, and it may here be remarked that, notwithstanding the large quantity of calomel taken in a short time, I never saw any of these cases manifesting the least sign of salivation. I was then so satisfied with the good effects of this drug that I determined to prosecute this treatment more extensively should I ever have the misfortune to be brought face to face with this malady again. But although I have had an extensive native as well as European practice out there for nearly twenty years, I have not confronted the same disease till the epidemic of last summer, when I had no difficulty at Damietta in recognizing it as true cholera. But by this time my ideas about the calomel treatment of cholera had become modified, and in this way. About five years ago I was led to try bichloride of mercury in very small doses for the mucous diarrhœa of teething children that were being reared on the bottle, and I was so successful that I ventured to extend its use to chronic and refractory diarrhœa of adults with considerable more success than my former treatment with calomel or gray powder had produced. This led me to think that perhaps, after all, the good results formerly obtained in such cases by administering calomel arose from a portion, at least, of the calomel being turned into the bichloride of mercury in the stomach by the action of the free hydrochloric acid in the gastric juice, and that probably the action of the drug was entirely a local one, destroying the micrococci that were irritating the intestines and keeping up the diarrhœa. With these ideas running in my mind, when the cholera broke out suddenly at Damietta last summer, I determined to try the bichloride of mercury treatment for it, but in what may be styled a heroic manner, knowing full well the kind of disease I had to deal with, and being convinced from former experience that in true cholera there is little or no absorption of medicines given by the mouth. During the epidemic there I adopted the following plan: If the patient suffered from the symptoms of a simple diarrhœa I gave opium in large doses, and in many such cases this sufficed for the cure of the patient, but, if vomiting or cramps set in, I immediately suspended the opium treatment and gave the bichloride of mercury in doses of one-tenth up to one-eighth of a grain every quarter of an hour, every half hour, or every hour, according to the state of the patient. Of course, when I was called to see a patient manifesting all the symptoms of cholera, even in the collapse stage of the disease, I gave the bichloride at once, and I had many recoveries to record. I do not mention here the adjuncts that I used, such as rubbing the patient with mustard and vinegar, and trying in all the usual ways to keep up the animal heat, because I want to lay special stress on the medicinal treatment, and in the bichloride of mercury I am convinced that we have a powerful anti-choleraic.

Out of sixty-eight railway employés (seen and attended to by myself) who were suffering from all the usual symptoms of cholera, and who were treated by corrosive sublimate, only fifteen of them died, being a death-rate of little more than 22 per cent. In India, on the other hand, we find from the published statistics that in the military and civil services they have a death-rate from cholera of 76 to 66 per cent. of the cases treated.

Gentlemen, there is no time for going further into this subject here, but I shall leave with the secretary my report on the late epidemic of cholera in Egypt, which was published in the British Medical Journal of February 9, of this year, and I shall also have the pleasure of forwarding to him a copy of the sanitary regula-

tions that I drew up for the Egyptian railway department and that were distributed (along with the drugs recommended) amongst the station-masters on the various lines of railway, and these were intelligent enough to understand the instructions and carry them out and with most satisfactory results.

But, before closing my paper, I wish to relate to you a most interesting if not instructive case of what may be called a partial quarantine that had a most happy issue. And the facts I am now about to tell you are attested by the signature of one of our most esteemed physicians in Cairo, Dr. Vernoi:—

On the outskirts of Cairo there is a post-town on the Nile named Boulaq. It is densely inhabited by the working classes, and every here and there throughout the town there are conglomerations of low, filthy Arab huts, fit only for wild beasts to live in. Immediately to the south of one of these Arab hamlets, and on low ground, there is a large French flour mill surrounded by a wall twelve feet high with only one large gate of entrance and exit opening to the west. Inside this wall, besides the mill, there is a large open area, and the mill with its inclosure forms the base of a triangle the apex of which points due west. The northwest side is a high ground covered with Arab huts that look down into the mill area. The southwest side is occupied by the Khedive's stables, and the road from and to the mill leads due south into the public road to Cairo. The reason I am so particular in mentioning the exact position of this mill as to its surroundings will be obvious as I proceed. Here there were constantly employed 12 Europeans and 85 Arabs. The Europeans had their houses in Cairo, while the Arabs had their families in Boulaq, and dwelt principally in the huts near the mill. Now before the cholera broke out at Boulaq, the manager of this mill informed the Arab employés that if they continued to do their work and remained within the inclosure wall and had no communication with their families till the epidemic had passed, they would not only receive their pay but would also be fed at their master's expense. Eighty-two out of the eighty-five Arab employés submitted to this restriction, but the other three that would not be separated from their families had, for the time being, to be dismissed. The European employés, however, were put under no restriction, so that they had free access to the mill and to their families in Cairo. The mill is supplied with filtered water from the pipes connected with the Cairo waterworks, while the Arabs staying in Boulaq have their water supply directly from the Nile and drink it unfiltered. It is well known how badly the cholera raged in Boulaq, and especially amongst the huts near the mill. These had all to be burned to the ground, and many of the families, before the government could remove them to the place appointed for them, nestled down at the foot of the mill inclosure wall and a great number of them died there of cholera; but, notwithstanding the close proximity of the disease and the fact that the north wind was steadily blowing from the infected quarter right on the mill, yet, during the three weeks of this partial quarantine, there was not a single suspected case at the mill, and on making inquiries after the epidemic had ceased concerning the three Arabs that had to be dismissed, it was ascertained that all the three had been attacked by cholera and two of them had died of it.

Now I judge from this that if the other eighty-two Arabs had had free communication with the infected quarter without undergoing any disinfecting process, they would not only have had a large proportion of deaths amongst themselves but they would have carried the contagion to the European employés of the mill.

It must also be manifest to every one that this is a striking example of the fact that the contagion of cholera, whatever its nature may be, is not carried in an active state by the wind, but, on the contrary, if it be capable of being suspended in the air it becomes inert, and more especially in dry hot air.

Then in respect of the weather I may say, that of all the sixteen summers I have spent in Egypt, that of 1883 has been one of the mildest. It is from facts such as these that we may be guided to sanitary measures that will be tolerated for staving off or stamping out cholera.

COPENHAGEN, August 14, 1884.

LUPUS.—Dr. Vidal, of Paris, recommends for the treatment of lupus an injection of 5 to 10 drops of ether, to be repeated until suppuration of the tumor ensues, which is to be favored by a small incision to give exit to the pus. Perfect cure follows in two or three weeks.

RELATIONS OF LUPUS VULGARIS AND (PHTHISIS) TUBERCULOSIS.

BY DR. ALEX. HASLUND.

IN the Section for Dermatology of the International Congress, recently concluded, the question concerning the etiology of lupus vulgaris was among the first in the programme, and called forth the liveliest debate among the pretty numerous number of eminent specialists from different countries. The question was introduced by a clever and clear lecture, delivered by Professor Doutrelepont, from Bonn, who, as is well known, has most ardently occupied himself with searching after the bacilla in lupus, and who has also found them in the greatest number of cases. His opinion concerning the etiology is, therefore, that lupus vulgaris is a (phthisis) tuberculosis of the skin, which he has already formerly explained in several articles in the Monatshefte für Praktische Dermatologie. Most of the scientific men who took part in the debate were quite of the same opinion, and Professor Kaposi had to sustain a severe struggle as a defender of Hebra's theory, maintaining lupus to be a disease *sui generis*, having nothing at all to do either with syphilis, phthisis, nor with scrofulosis; he did not, of course, contest the presence of the bacillus in lupus, he had seen it himself, but he could not admit its importance for the disease; he founded his view partly on the great many cases of lupus which he had seen and followed, partly on Chiari's and Iarisch's well known discoveries of real tuberculous ulcerations in the skin, which have nothing at all to do with or resemble lupus; moreover he found a support for his view in the course of the disease, which does certainly not correspond with our notions of a (phthisis) tuberculosis up to this time.

If, however, lupus is, nevertheless a (phthisis) tuberculosis of the skin, it is, at all events, a form of (phthisis) tuberculosis which we do not know from other organs of the body, a form the clinic course of which is in the very greatest number of cases not as that of other tuberculous diseases; if it is a (phthisis) tuberculosis it must, *eo ipso*, also be an infectious disease; but the spreading of the disease in the individual itself goes on infinitely slow, a circumstance which does not resemble other familiar infectious diseases. An infectious disease which remains local, or in a single organ, for twenty, thirty, even for forty years, is something new to us. The spreading of the disease from the skin to the interior organs, a general infection of the whole organism, is a matter which has formerly been very severely disputed, and which even now is completely rejected by many people. I believe, however, that if we could follow our lupus patients in their whole lifetime, we should see that a good many of them are destroyed from being phthisical.

There is a circumstance in lupus which has astonished all investigators, namely, that the tubercle bacillus is found only in very small numbers in the tissues infected. This circumstance might then very well be connected with and thus serve to explain the very slow growth, but there is so considerable a difference from the increase of the bacilla in interior organs, that the identity of the tubercle bacillus and the lupus bacillus might for that reason be thought problematic. There are cases in which it is, in spite of the most careful investigations, impossible to find it, and these cases are not few. In France, where scientists, as Cornil and Leloir, have made very extensive investigations, they have only succeeded in finding one single bacillus, and, moreover, in an individual who was decidedly phthisical.

I have, of course, also made investigations in order to find the lupus bacillus, but without any great success. In my ward at the hospital I have examined the last twelve cases of lupus, the disease was of very different date, both very old cases and quite fresh ones; the seat of the disease was nearly always the face, at times one of the extremities. The object of the examination was either erased with a sharp spoon or extirpated with the scissors, and there were fresh tumors as well as rather great tuberosities and ulcerations.

I have made about twenty or thirty preparations from every patient, and the method of investigation was the usual one in order to find the tubercle bacillus, either simple coloring with discoloring in iodine, iodide of potassium, or Erlich's coloring method. Only in a single case have I been able to prove the presence of the bacillus and in a very small number. This patient, moreover, was phthisical; lupus had existed for many years both in the face, on the extremities, and in the throat, when the lungs were attacked. In the eleven other patients I did not succeed in finding the bacillus; none of them were phthisical.

One might set up the hypothesis that the bacillus does not appear in the parts of the skin attacked by lupus until the patient has become phthisical or tuberculous; I do not say that I believe in the correctness of this hypothesis, but my investigations, in connection with those of the French gentlemen, entitle me to formulate it, still without taking upon myself any responsibility for its accuracy. I believe that there has hitherto been laid too little stress upon, and too little attention paid to, the general state of health of the lupus patient; I hope this will in future be redressed.

In order to make other endeavors to get a clear understanding of the relations of lupus and phthisis, I have tried to procure information of how great a number of lupus patients become phthisical at a later period of life; that a certain number of them die from general tuberculosis is quite sure, but we have hitherto not succeeded in getting precise information in this respect. It would be natural to believe that one of the few advantages of living in a small country, ought to be that you can easily procure information concerning the later fate of your patients, and, of course, it is in fact easier than in a great country to find out one's patients after their having left the hospital and to have them examined. Still I cannot say that my endeavors in this respect have been crowned with an absolute success; but what I have gathered is not quite insignificant, and I shall, therefore, take the liberty of communicating the results. During the last seven years 126 patients suffering from lupus vulgaris have been attended to at the Municipal Hospital of Copenhagen. I have only been able to procure information concerning 53 of them, partly by tracing them out myself, partly by applying to the local physicians. Of these 53 persons two have died of phthisis, one has been amputated on account of a tuberculous disease in his knee, and concerning three others the physicians in attendance state that they feel convinced that a commencing disease of the lungs is going on, that is to say, in 11 to 12 per cent. of these patients a tuberculosis in other organs was either found or had commenced developing itself.

Other information of the same kind is stated by Dr. N. Holm, and comprises the lupus patients who have been attended to at the same hospital from its foundation in October, 1863, till January, 1877, that is, a little upwards of 13 years. The number of these patients amount to 124. He has only succeeded in getting information of about half the number, and of this half eleven had either died from phthisis or were attacked by phthisical or tuberculous affections at the time when he concluded his inquiries. So the number of per cent. in the latter series is about 18, while in the former it was 11 to 12; but it must be remembered that the latter series comprises double as long a period as the former. In order to make a comparison with these numbers, I shall state that 2 to 3 per cent. of the whole town population in Denmark die from phthisis; as to the country population we have unfortunately no statistics of this kind, but the number is scarcely greater. My lupus patients consist of individuals both from town and country.

If I should formulate the result of my own investigations concerning the relations of phthisis and lupus in connection with a critical examination of the results of others, it would presumably be as follows:—

1. A great many lupus patients are destroyed from being phthisical.

2. If lupus vulgaris is from its commencement a (phthisis) tuberculosis of the skin, it is at all events a form of (phthisis) tuberculosis which we have hitherto not known in a clinical sense, and which is distinguished by a very slow growth and by an ability of remaining local for a very long time, in many cases, perhaps, even forever.

COPENHAGEN, Denmark.

ELECTRICITY IN ABDOMINAL DISORDERS.

BY WILLIAM R. D. BLACKWOOD, M.D.,
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IN our last paper we had reached the description and treatment of defective calorifacient or intestinal digestion. We have said that the main factors here were failure of the liver to secrete and discharge into the duodenum bile of sufficient quantity and proper quality, and also that intestinal dyspepsia might depend upon defective action of the pancreas. We also alluded to inaction or perverted working of the mesenteric glands as interfering with absorption and assimilation, and a few remarks were made on the nature of the biliary and pancreatic fluids. We now briefly

give a few points as to treatment: A considerable part of the drugs given to persons suffering from intestinal dyspepsia is lost, because such remedies are, as a rule, taken too soon after eating. As from one to four hours are occupied in stomach digestion, according to the nature of the food and the energy of the organ to deal with its contents in different individuals, it is obviously needless to give these articles until about such time as the chyme is about to pass from the stomach into the duodenum. Of course, the stomach does not discharge its contents downward all at once in every one, although I firmly believe that it does now and then in isolated examples. The chyme as it is formed is gradually extruded, but toward the close of histogenetic digestion the process is rapid and then is the time to give such remedies as may be chosen.

To explain the ground for my belief in the sudden discharge of more or less perfectly formed chyme from the stomach, the history of a case which came under my notice several years ago is given here:—

Mr. E., the patient in question, presented a history of dyspepsia that had not alone tried his endurance, but that also of many doctors. He had a good appetite, but he did not eat too much. His meals at the time when he came to me were based upon a flesh diet almost exclusively by the advice of his last medical attendant. Before confining himself to a meat diet he was troubled with eructations of wind, had ominous rumblings in the bowel, with similar uncomfortable symptoms, and upon being told that he had *borborygmi*, the outlook to him was so dismal and terrifying that he abjured vegetables, and became a strictly carniverous animal, with a rare nibble now and then at a dry bran biscuit or an oatmeal cracker, which his physician assured him would cause no vapors to ascend or descend. As an amateur student of medicine he believed that wind in his alimentary canal was almost as much to be dreaded as food in his windpipe or lungs, and by much perseverance he came down at last to meat alone three times a day with a little milk or weak tea morning and night. In a little while he certainly did lose much of his dyspeptic trouble, but in an hour or so after a full meal of meat he would become ravenously hungry, *and just prior to this he felt unmistakably the transfer of the stomach contents to a lower point;* in his own graphic way of putting it, he told me that his stomach emptied itself just as his rectum did—all at once, and altogether! In ten minutes thereafter he was almost famished for something to eat, and as his physician had positively forbidden anything between regular meals he came to me believing that he would either starve slowly through hunger, or collapse suddenly from the vacuum thus mysteriously produced. I satisfied myself from watching him frequently after meals that the phenomena were genuine, and that the ejection of the mass was sudden and forcible, in fact, by maintaining pressure over the pyloric end of the stomach the violent spasmodic contraction would drive the chyme up the œsophagus. I tried to test the condition of his stomach fifteen minutes after he felt it empty itself through the medium of a stomach pump, but being unskilful in its use the experiment was too much for his comfort, and his enthusiasm for science was too weak to permit any further efforts in that direction.

It was with much difficulty that I got my patient into the use of a mixed diet, but by giving him emulsions of olive and cod-liver oils first, then buttered bread and toast, I gradually weaned him from his old way, and with a return to ordinary food he lost his peculiar trouble, and three meals daily sufficed without the tormenting hunger formerly endured.

Two remedies are of undoubted value in the particular dyspepsia now noticed, viz: pancreatine and malt extract. As with pepsin, so with pancreatine—use the *pure* article. Malt also is wretchedly sophisticated. About one-half, I think, of all malt extract sold is molasses, and much of the remainder is mixed with low grades of artificial glucose. Like pepsin we need full doses of pancreatin, and I ordinarily add to it a little ipecacuanha, which is a good liver persuader, and, I imagine, stimulates the intestinal glands also for instance:—

℞. Pancreatin (scales) . . ʒij.
Ipecac. pulv. . . . gr. xij.
Ext. malt exsic. . . . ʒij.
M. In chart. No. 24, div. et sig.

One in peptonized milk one hour *after* each meal.

The ordinary junket, made from milk and rennet is synonomous here with peptonized milk.

I sometimes add piperine or strychnia in nervous subjects, and euonymin or irisin if there is

a tendency to constipation. In cases of obstinate constipation, I believe the contents of the tube are absolutely contaminated by fecal matter which reaches high up in the small intestine, and in such cases nutrition suffers from the resentment of the absorbents to receive polluted chyle.

Galvanism acts happily in intestinal dyspepsia in addition to the measures already indicated, or frequently by itself. In its application my preference is to apply the anode to the infrascapular region, and the cathode is then moved successively over the hepatic, substernal, and right iliac regions with a view to stimulate the action of the underlying organs. The best time for application is after meals, and in those who can arrange it I prefer after dinner. Six to ten volts of current is enough, too much tends to induce intestinal contraction. The sitting should last not less than fifteen minutes, and a mild current of duration is preferable to stronger treatment if hurriedly done.

Many cases of dyspepsia depend not upon indigestion, but malassimilation through diseased mesenteric glands, or disordered lacteals. The chyme may be never so perfectly prepared, yet if it cannot freely enter the absorbent vessels nutrition must suffer. This occurs frequently in children, particularly in those of strumous diathesis. Whether struma does or does not always originate in syphilitic taint as taught by a notable authority, certain it is that defects of the abdominal glandular system present similar appearances in either instance on post-mortem examination, and a modified syphilitic treatment is particularly advantageous in a good many cases. The bichloride of mercury in very small doses is well borne for a long time in this shape:—

℞. Hydrarg. bichloride . . gr. j.
Ammon. murias . . gr. viij.
Tr. cinchona comp. . . f℥xvj.

M. Sig. A teaspoonful at five years, before meals, and less in younger children. Keep this up a year at least.

Cod-liver oil in emulsions with malt or with cocoa, and cream is suitable in all cases, and a little perseverance will enable any patient to take these however distasteful they may be at first, or apparently illy borne. Where oil will not suit by the stomach it may be rubbed in at the groin or applied as a poultice over the whole abdomen, and in some instances it is surprising how much can be absorbed in this manner.

Galvanism is applied in such cases both locally and centrally. After treating the abdomen as suggested for intestinal dyspepsia I usually give the patient a thorough dose, the positive stabile over the solar plexus, and the negative applied systematically as usually done in the process indicated. The object is to tone up the general system and nothing acts more promptly or thoroughly as a roborant tonic in these cases. I have seen more than one case of pronounced tabes mesenterica thoroughly cured by central galvanization after failure of drugs to do any good whatever. Faradaic currents do not appear to stimulate the glandular system, but massage does, and it should not be neglected in stubborn cases.

Biliousness is a term covering a wide display of symptoms, and with different people it means different conditions. It signifies different states of illness with different physicians also, and many doctors avoid the designation, and call these varying symptoms malarial poisoning. Its pathology has never been authoritatively announced or worked out, but underlying the difficulty is undoubtedly disordered liver and stomach, and the hepatic involvement may be either simple topor or more or less acute congestion. Something akin is referable to the stomach itself during an attack. The causes of biliousness are most frequently overeating or undue indulgence in rich food, and inattention to regular and free action of the bowels. The malady is usually ushered in by nausea which goes on rapidly to vomiting, and with this is headache confined often to the frontal region, but with some it spreads over the entire brain. In women the pain is altogether occipital in many instances, particularly where uterine disorder exists, and many of my patients who suffer from menorrhagia never have any other when bilious than occipital headache, although they may suffer from pain in other regions of the head when not bilious, from excitement, fatigue, or other causes; chilliness, backache, and a general feeling of tiredness are common accompaniments, and the attack may run from a grade which does not incapacitate the patient from business to one which keeps him in bed for a day or two.

The ejecta from the stomach are undigested food at first, followed by mucus and greenish or yellow bile intermixed. With this is free acid, the whole being extremely bitter and acrid, and between the retching and the acid

emesis the throat and pharynx in susceptible persons often becomes so sore as to trouble them for days after the bilious attack has passed. There is thirst and some fever, but the temperature does not run high, although patients believe themselves burning up, and the Hibernian element (which always furnishes a goodly proportion of such cases) will bitterly complain that they are "burnin' and freezin' at onst, and the drowth is killin' me for the water won't stay down for the bokin!" Biliousness is common in beer drinkers who indulge not steadily, but according to opportunities, a glass a day only just now, and a dozen or more at other times. Whiskey does not seem to bring on bilious attacks, it does not disorder the glycogenic function and bring on periodical outbursts as malt liquors do, but it works silently, slowly, and steadily, till cirrhosis hobnails the liver and turns the patient over to the undertaker.

Bilious people are apt to be otherwise healthy; they take care of themselves to escape biliousness, and the general result is good. They are usually long-lived; and by bilious persons in this sense I mean those with a bilious temperament—those predisposed to it, for any one can get bilious under suitable diet.

Electricity in any form is probably of little use during an acute attack of biliousness, at least, I have had no practical experience in that line; it is, however, very useful in prophylaxis. Torpidity of the liver is readily cleared up by either galvanic or induced currents, and this hepatic difficulty is undoubtedly the main factor in the disorder under consideration. I have frequently induced free bilious evacuations by passing moderately strong faradic and static currents through the liver, and it is a common remark amongst patients in whom I use galvanism to the abdomen, that their liver is stimulated during the treatment. In one patient I have repeatedly provoked a bilious diarrhœa by thorough applications of either current. Moreover, a thorough course of electrical treatment has removed in my own case a decided tendency to biliousness, and although my diet and mode of living has not changed at all I never now suffer from the attacks which were quite frequent with me a few years ago. The same is true of several patients who have been thoroughly treated by electricity alone.

In managing these cases the current selected is passed in every direction through the hepatic region with large rheophores, the direct or inverse current being apparently alike in action. The application should be moderately strong (10–15 volts *galvanic* or 4–12″ *faradic* and about 3–4″ induced *static*) for half an hour daily.

Undoubtedly any mild mercurial is good in the acute onset of a bilious attack, say from an eighth to half a grain of mild chloride with a little sugar well rubbed together every hour until four to eight doses have been taken, and this to be followed by a mild saline if necessary. A blue pill at bedtime may take the place of this if chosen and the attack is mild. When the stomach is settled give a few doses of any bitter tonic as tr. gentian comp., or as I often order:—

℞. Tr. nux vomica . . f℥ij.
Tr. calumba . . .
Tr. cinchona comp. . . } āā f℥j.
M. Sig. A teaspoonful before meals.

This will brace the stomach up after its siege and "Richard's himself again," till next time.

Our next paper will take up constipation with other matters not the least important in the dyspepsias under consideration.

246 North Twentieth Street.

CHOLERA TREATED SUCCESSFULLY WITH CALOMEL.

BY D. K. SHOEMAKER, M.D.

SHORTLY after the cholera made its appearance in Philadelphia, in 1849, four young farmers from the neighborhood of Janettown, Montgomery County, Pa., visited that city for the purpose of attending market. The day after their return home they were taken sick, and died within two days with all the symptoms of cholera. The disease rapidly spread, nearly every family within a large radius having one or more members prostrated in a like manner. Dr. F. B. Martin, the attending physician, was also attacked with it, and rendered incapable of further duty. I was called upon to attend him, and to take charge of his extensive list of patients. At that time I had but commenced practice and was new to the residents. I accepted the responsibility, and for several weeks did not take my clothes off in lying down, owing to the urgency of the demands upon me. I had not seen the cases of the young farmers first spoken of.

The first case I visited, after Dr. Martin's request to look after his patients, was one afflicted with all the symptoms of cholera in a collapsed state. We were then taught to bleed at that stage of the disease, and finding the patient in a helpless condition, I endeavored to extract blood from the arm. I did not succeed, however, in getting a very large amount. I was very sorry afterwards that I bled him, for he died within half an hour after the extraction; and now I would certainly not advise bleeding in a similar affection. From that time on I had a number of like cases, and I would here remark, that I did not lose a patient during that summer who was afflicted with every appearance of genuine cholera, namely, violent vomiting, diarrhœa accompanied with rice-water discharges, and violent cramps, etc.

The treatment I pursued consisted of small doses of calomel with sugar of milk as a vehicle, say from the twentieth to the twelfth of a grain of calomel to two or three grains of the sugar in powder, which was dropped on the tongue after each evacuation from the stomach or bowels. In some cases I would administer the powders every fifteen or thirty minutes until the vomiting ceased and the evacuations from the bowels were changed in appearance. I found that as soon as the discharges from the bowels became more consistent and mixed with a little greenish bile that my patients were safe. I then gave a solution of sulph. morphia, about one-eighth to one-sixth of a grain as a dose every two or three hours, to produce rest and check the action of the bowels, and I rarely found it necessary to give more than one or two doses of the drug. In conjunction with the above treatment, in the worst cases, I applied mustard to the extremities and over the epigastrium, with friction and warm applications, and they recovered promptly. In the majority of those I attended, after being called in the evening, and the treatment described being strictly carried out through the night, I found on calling the next day that, with the exception of slight prostration, they were entirely relieved from the disease. Since that time I treat my patients afflicted with diarrhœa, dysentery, cholera infantum, or vomiting, from whatever cause, in this routine manner, and meet with almost the same satisfactory results.

When, in 1854, the cholera suddenly made its appearance in Mauch Chunk, and by its virulence created great consternation, I was again called upon to assist in checking its ravages. It was brought there by canal boatmen in their transit from New York. The first case occurred on Sunday afternoon. The water in the dam or pool had been drawn off the previous Saturday, and being low for some time left the filth and refuse exposed to a very hot sun, and to this, at first, was attributed the exciting cause of the outbreak of the disease. It only prepared the soil for its propagation. I was at that time residing in Rockport, about seventeen miles from Mauch Chunk, and did not on that account have an opportunity of seeing the first cases, which were fatal to the number of a score or more within two days. A few days after the outbreak, however, I was called in consultation with Dr. G. B. Linderman to visit several of his patients prostrated by the disease. In advising the treatment which had proved so efficacious in the Montgomery County cases it was adopted and pursued, and I can safely say it was followed by the same successful results.

In my case-book I find recorded a case I was called to attend at Weatherby, Carbon County, that same summer, in consultation with Dr. Longshore and another physician. I saw the patient on Sunday evening, being the third day of his illness. My colleagues did not approve of changing the treatment, as they thought the patient would recover under the course they had pursued, which consisted in the administration of stimulants, opium, astringents, etc. After due discussion, we concluded that this same course should be continued during the night, and another consultation held early the following morning. The hour for meeting was fixed at 6 A.M. Feeling very much interested in the case, I was promptly on hand at the appointed hour, and found the other physicians had not as yet arrived. I waited a reasonable time for them, and the patient now being in a state of collapse, with frequent vomitings and evacuations of the bowels, and further delay being exceedingly dangerous, I determined to try the remedy which had heretofore proved so successful with me, and which at the first consultation the attending physicians had declined to adopt. I immediately prepared some powders of calomel with sugar of milk, the twelfth of a grain of the calomel to the dose, and administered on the tongue every ten minutes until relieved. I had

the pleasant satisfaction of presenting the patient to my friends on their arrival, an hour and a quarter after the appointed time, very much improved, and he continued to do so to a perfect recovery of his health.

My theory of the virtue of calomel is that as soon as you can obtain action of the liver, as evidenced by the discharge of bile from the bowels, that then the patient is safe, given that the poison in the system is owing to the suppression of the secretions from that organ together with those from the kidneys and skin, as the cold sweat cannot be considered a secretion, it merely leaking out, as it were, from the destruction of the skin. Also that the poison produced by the circulation through the system of the infected blood affects the great nerve centres. Thus, when I could get the secretions to act, which was evidenced by that of the liver, I had my patient in a fair way to recovery and my conclusions were satisfactory.

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THE THERAPEUTIC USE OF THE BROMIDES.

BY EDWARD C. MANN, M.D.

WE are glad to see that the injurious effects of the bromides as they are commonly given in mental and nervous diseases have been recently discussed by Drs. Bannister, Hammond, Jewell, Spitzka, and Seguin, in the American Neurological Association. It is very certain that as the bromides are given to-day, many patients have their vitality so depressed by their long use, as to die promptly if they are attacked by any intercurrent disease. In the majority of the cases of mental and nervous diseases where the bromides are used, the therapeutical indications are to lessen the irritability of the cortical substance of the brain and to improve nutrition. There are cases which I see very frequently in both sexes, where there is an overwrought condition of the nervous system and cerebral hyperæmia, which if allowed to run on would eventuate in actual mental disorder. There is injection of the conjunctiva, a hot head, and marked cerebral irritability and hyperæsthesia. For the past year my success with these cases has been much more decided than by my former method of using the bromides, and I accordingly give the formula which I have used in very many cases with perfect success. The physiological effect of this combination is *reconstructive and at the same time sedative.* I order a capsule of Warburg's tincture containing two drachms of the inspissated tincture, to be taken upon rising in the morning with a cold sponge bath, and friction with Turkish towel. Then the following prescription, of which I order to be taken in mild cases from two to three teaspoonfuls a day in water, and in epilepsy, or mental cases with excitement, two teaspoonfuls in water thrice daily:—

℞. Sodii bromide . . . ℥ss.
Ammon. bromide . . ℥ss.
Potass. bromide . . . ℥j.
Syr. hypophosphite, comp. . ℥iij.
Syr. tolut. . . . . ℥j.
Aquæ menth pip . . . ℥iss.
Liq. pot. arsenit. . . . ℥j.

M. Dose, from one teaspoonful as indicated, up to two teaspoonfuls thrice daily in water.

I have never seen a single case who has used this combination present an impaired memory, a tremulous tongue, a staggering gait, impairment of the special senses, gastric catarrah, the peculiar bromide pallor of the face, a slow, weak heart, or the bromide cachexia, which is evidenced by loss of flesh, strength, color, and mental power, with paralysis of the muscles, loss of reflex and general sensibility, and a general aspect of senile imbecility, which I have seen in patients sent to me from a distance who had been taking the bromides for years perhaps, and which are the extreme effect of the ordinary physiological action of the salts of bromine. The action of the arsenic in the above prescription is not only directly tonic to the entire nervous system, but it also acts as a preventive of the follicular eruption of the skin, and I have also noticed that the sexual feelings are not so apt to be diminished as by the ordinary use of the bromides. So far from mental failure, I have often seen direct mental strength resulting from this combination which reconstructs, while it promotes rest and sleep. It reduces nervous activity and builds up the brain at the same time. I invariably give, as I have said, in all cases where there is an overwrought state of the nervous system, the capsule of Warburg's tincture before breakfast, and I regard it as one of the most valuable tonics we possess. Professor Metcalfe first called my attention to it two years ago, and I have used it as a tonic, not particularly in nervous disease depending upon malaria, but as a general nerve

tonic, and I cannot too highly recommend it. There are many cases of an overwrought state of the nervous system, associated with apathy and prostration, and loss of strength both mental and physical, and it is particularly indicated in just such cases, together with rest in a bracing atmosphere, such as one finds in perfection on the west side of the Catskill Mountains at the highest altitude, anywhere in the region of Ulster County, N. Y., lying adjacent to the Ulster and Delaware Railroad.

Finally, I would, from considerable experience of its virtues, commend this reconstructive sedative mixture to my *confrères* with the certainty that it will never disappoint them, nor produce, if used as I have indicated, morbid effects on the brain, spinal cord, skin, mucous membrane, or organs of circulation and respiration.

204 LEFFERT'S PLACE, Brooklyn, N. Y.

*THE TREATMENT OF DISEASES OF THE SKIN**

BY NOVEL MEANS AND METHODS.

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THE old time routine treatment by sulphur and arsenic, zinc ointment and tar, along with the mercurials for specific affections, which have so long comprised the mainstay of therapeutics in diseases of the cutaneous covering, seems destined to loosen its hold on dermatologists; and there appears just at this time a tendency not alone to study the lesions, development, and causation of cutaneous disease, but, in keeping with the practical age in which we live, the means and ways by which to affect them curatively are assuming a character of the greatest importance. That these naturally are but the sequence of a thorough understanding of the pathological conditions is not to be denied, but if we were to arrest our efforts at this juncture, we should indeed miss the principal object of our vocation. The last decade, more than any previous period in the development of our special branch of science, has been productive of a system of application of physiological processes to the pathic involvement of skin affections. The dermatologist of this day who would simply depend on the older remedies for support in combating the various cutaneous troubles would indeed be left behind by his more practical colleagues in practical results. The tar of psoriasis treatment has been almost entirely supplanted by naphthol, pyrogallic acid, and chrysarobin. Scabies, which was thought to be conquered by sulphur, with its unpleasant odor, is now more clearly and speedily overcome by naphthol and chlorinated oil. The oleates in their various forms and varied names have proven unexceptional remedies in as many different types of disease of the skin. Favus, once thought almost incurable, is now tractable without epilation to mercuric oleate and copper oleate. Trycophtosis may be said to vanish almost visibly under the use of copper oleate. Ulcerating lupus and chronic ulcers I have shown to yield most readily to the irritant action of the jequirity infusion, when but a short while ago they were only to be met by the cautery, the curette, etc., or the use of caustics. Arsenic is found to answer better when used hypodermically in many cases, while the same method of exhibiting mercury seems fair to take the place of inunction and other specifics for syphilis. To name or number all the successful innovations in the treatment of affections of the skin would be a work beyond the scope and length of this paper, and I will content myself therefore with a description of those that I have been instrumental in introducting, and have had an opportunity of watching their effects both in the wards of a hospital for that class of diseases, as well as in a private practice devoted largely to their treatment. As I have but recently in a paper read before the British Medical Association devoted much time and space to the consideration of the class of remedies known as oleates, I will dwell on them but briefly here, and enumerate simply the more important ones and their therapeutic action. After many laborious experiments with the alkaloidal oleates, I must certainly deny the claim made for them by so many others. They are neither absorbed in sufficient quantities to be productive of decided action, and as a consequence fail to produce constitutional effects. The much-vaunted quinine oleate has never checked a paroxysm of malaria, nor have the narcotic oleates ever relieved, as it was expected and claimed they would do,

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without other aid, troublesome neuralgias or other pains. The metallic oleates have found a most useful place, however, in the treatment of skin diseases, by their power as solutions in fatty vehicles of entering the glands and follicles to exert contact action in the deeper structures of the skin. Thus the ointment of aluminum oleate is found useful in ulcers, pustular eczema, intertrigo, abscesses, sinuses, chilblains, and burns; the arsenicum oleate ointment in cancer, lupus, old granulations, warts, horns, and nævi; bismuth oleate in sycosis, acne, rosaceæ, sunburn, and erysipelas; the ointment of cadmium oleate in enlarged glands, ulcers, and chronic eczema; that of copper oleate in ringworm, and *par excellence* in chromophytosis, yellowish-brown and black pigmentary deposits, as well as in warts, corns, and bunions; the ointment of iron oleate in acute eczema, and is of the greatest benefit in arsenical sores; the ointment of lead oleate instead of the litharge ointment, so hard to preserve, in acne, rosaceæ, and the various forms of eczema.

The mercuric oleate ointment is one of the most serviceable remedies in vegetable and animal parasitic affections, the infiltrations of psoriasis, and in enlarged glands. The mercurous oleate acts much in the same manner, only with more decided effect and with a view to constitutional impression.

Nickel oleate ointment I have found very serviceable in chronic eczema and chronic ulcers. Silver oleate dusted on chronic ulcers, bed-sores, and exuberant granulations, produces a most happy effect, while its ointment is beneficial in erysipelas, boils, and carbuncles. The tin oleate as an ointment applied to diseased nails I have determined to be of value in restoring them to their natural state, as well as to impart to them a beautiful lustre. Last, but not least of this group, I would mention the zinc oleate, an impalpable powder of unctuous touch, which is undoubtedly one of the best remedies in seborrhœa oleosa, excessive sweating, erythema, acute eczema and herpes, and in an ointment form in eczema and acne.

Chlorinated oil is ordinary olive oil saturated with chlorine, or rather a chlorine substitution in olein. It contains many volumes of chlorine, and as a substitutive compound the chlorine loses its identity and odor, making an unobjectionable, odorless, and most serviceable remedy in scabies, where it acts without irritation, without inconvenience to the patient, and without interruption in his daily vocation. I had noticed the excellent effects of chlorine in some of my experiments on the acarus scabiei, and when applied as chlorine water mixed with olive oil I was surprised at the absence of the odor of the chlorine, while its good effects were quite as apparent; as a deduction, I had olive oil saturated with dry chlorine gas with the same results, forming what I have above termed the chlorinated oil.

Oil of Ergot.—This article, which I discovered accidentally as a waste product in looking over a chemist's laboratory, has proved with me a most useful and valuable remedy, which has already in my country attained such importance that it forms no longer a waste material. When applied to the skin, it has a protective, soothing, and astringent action, and by its absorption assists in nourishing the diseased part. Few remedies are so efficacious as oil of ergot in checking the formation of scales in seborrhœa of the scalp and other hairy parts of the body. It is for this purpose much preferable to any of the other fat oils. Its beneficial effect in seborrhœa of the genitals, when lightly brushed over the surface, is not to be omitted here; while, however, its principal use must be as a dressing or hair-oil, when suitably flavored, in the idiopathic loss of hair so often met with in consequence of a lack of tone of the hair follicle. In connection with this, I would call attention to a natural soap, the bark of quillaye saponaria, and its use in the treatment of skin diseases. The soaps, both hard and soft, are necessary adjuncts to our special branch, and though useful in many cases they prove objectionable in others. This bark fully meets the requirements of a mild soap, removing by emulsifying the fatty excreta cast upon the dermal surface. I have used it with marked benefit in dandruff of the scalp. It is also useful in removing the scales of simple ptyriasis. The fetid excretions are easily removed by it, and the glands contracting under its effect gradually produce a remedial action over this unpleasant affection. Excessive sweating of the hands and feet can be successfully treated by washing them frequently with an infusion of it. The tincture of it is a much stronger and efficient preparation, and which I prefer in many instances to the tinctura saponis kalius, as it is devoid of the irritant and destructive effect of the latter,

but meets all its detergent properties. In the various forms of scrofuloderma I was often at a loss how to insure the assimilation of cod-liver oil in the patients, which they either refused to take, or if left to them to do so at home it was neglected and omitted, thus often unaccountably retarding curative results. In many such cases I was led to consider the advisability of using this remedy with a view of its retention and assimilation. This I accomplished by injecting it hypodermically in the loose cellular tissue under the skin of the back, and found that with one injection of half an ounce (about 15 grammes) daily I attained results far better than if the usual ounce and a half (about 45 grammes) were taken by the mouth. The oil so injected at no time produced unfavorable results, disappearing from observation in from twelve to twenty-four hours. To satisfy myself of its physiological absorption and assimilation, I experimented prior to the more general application of this method by injecting the same amount of castor oil, and was surprised at the prompt and satisfactory laxative action produced. The use of cod-liver oil hypodermically has aided me in overcoming several cases of intense itching in old patients, due to a lack of nutrition of the system.

The beta naphthol is a remedy which has been used and recommended by various investigators and authorities on skin diseases—a most useful remedy, resembling in its action the alterative power of tar. The article I obtained from Dr. J. Wolff, who kindly manufactured it for me, principally with a view of removing the odorous and more volatile portions. The results of experiments with it had been so satisfactory that I was surprised at the various reports made calling attention to the toxic effects of it often produced when used extensively. That it should at times cause hæmaturia, ischuria, vomiting, unconsciousness and eclamptic attacks, was a most serious charge which alarmed me considerably, and caused me to make a series of experiments both on rabbits and on men. The former were inuncted with it, had it hypodermically injected, and were given it internally, subsequently even to the amount of eight grains, without producing a serious or lethal effect, or that a *post-mortem* examination should have proved a renal congestion. Not satisfied with this, both my assistants and several of my students volunteered to try it on themselves, which they did, commencing by daily taking small doses until they reached ten grains, likewise without bad effects. While I certainly confirm the valuable reports made by other writers on this subject as to its curative action on scabies, prurigo, eczema, and psoriasis, I must further deduct from my experiments that a pure odorless naphthol, such as I have used, is certainly devoid of toxic action in the strength that it can be applied to the skin without causing undue irritation. I must also call attention to its great value as a deodorant, disinfectant, and antiseptic, which I have not found mentioned in the literature on the subject. I would lay special stress, however, on the fact that crude naphthol in reddish crystalline masses and lumps should never be used without being recrystallized and deodorized, which is not to be done by means of sublimation, however.

Jequirity.—I have established a use for jequirity in diseases of the skin, which bids fair to give it vast importance as a remedial agent in this class of diseases. From the astonishing manner in which it appeared to destroy the exuberant granulations of pannus, I was led to infer that it might be well to employ it in diseases of other parts when exuberant granulation and proliferating cell-growth formed the principal pathological condition. I used for that purpose, at first, the ordinary infusion that is employed by ophthalmologists, but soon found that it made very little if any impression, and resolved thereupon to have an infusion made which would be strong enough for the purpose I had under consideration. As, however, the clear infusion was hardly sufficiently viscid to adhere to the surface, I had it made in the following manner: 200 grains of the bean are decorticated by being slightly bruised and cracked in a mortar; the red hulls are then carefully picked from the cotyledons and placed in a bottle covered with water. They are thus macerated for twenty-four hours, when they are again transferred to a mortar and thoroughly triturated until they are reduced to a smooth paste, when sufficient water is added to make the whole weigh 800 grains. Prepared in this way, it presents all appearances of an emulsion, and is applied with a camel's-hair pencil or mop to the surface to be treated. The effect of this preparation to the healthy unbroken skin does not show itself in

any way, while although painless when applied to ulcerated and granulated surfaces, it soon develops in the latter, and often within an hour, a great deal of irritation and inflammation, rendering the edges red and infiltrated, the surrounding surface œdematous and shining, and causes some febrile exacerbation in the patient depending in degree on the area involved. The usual concomitant symptoms of such febrile process are apt to show themselves at this stage, such as headache, pain in extremities, elevated temperature, high pulse, all of which, however, are only occasionally noticed, and particularly in irritable and easily susceptible patients. In the course of six to twelve hours the products of this specific inflammation are abundant, and soon aggregate on the surface in a desiccated cuirass-like crust, which now obscures further observation. This crust, in the course of twenty-four hours, further exhibits a tendency to crack and break, giving vent to the free flow of the products of the breaking-down process. If this is let alone it will continue for five or six days, the discharge lessening by degrees; the firmly adhering crusts if not detached of their own account are now removed by water dressings, and expose to view a surface studded with healthy granulations and islets of healed-up surfaces along with evidence of the progressive regenerative process at the periphery. In cases where one application is not sufficient, and where evidence of unhealthy granulation is still observed, a second application is now made and conducted as before, a third and fourth following if found necessary. As cases most suitable for this action of jequirity I selected specific ulcerations, indolent scrofulous ulcers, ulcerating lupus, epithelial ulcers, which I demonstrated, before the recent meeting of the Medical Association of the State of Pennsylvania, in their various stages, as well as the cures effected by this treatment. I have been engaged with the subject of jequirity treatment for nearly a year, and am so encouraged by the results attained, that I lectured upon the subject in March last, and recommended the use of it to my class.

The results with lupus ulceration was particularly striking and gratifying, as in some instances it accomplished complete cures after the patients had been under treatment for years, and under the care of skilled dermatologists. Although at times the inflammation produced caused almost alarming symptoms, I have never seen serious consequences follow its employment. The scope of this paper does not permit me to enter upon the *modus operandi* of its action, and I must refer those interested in its study to my paper on the subject, presented to the Medical Association of the State of Pennsylvania. Suffice it that I can freely state I consider the employment of jequirity in the manner as above described a most powerful remedy in the treatment of diseases of the skin, applicable to almost all cases of unhealthy ulcerating and granulating surfaces, upon which it undoubtedly exercises a destructive action, followed by a constructive change, and favoring under the protective cover of its exudation the rapid development of healthy tissue. Though under proper conditions and careful supervision a remedy of the greatest service, it should be applied with proper caution, as it may give rise sometimes to alarming symptoms, erysipelatous inflammation, and, if applied in the case of weak and irritable patients, to grave constitutional disturbances. These, however, can easily be made to subside with proper attention, and will do so voluntarily on the drying of the crusts.

Mechanical Remedies.—There are many methods besides the use of drugs which can be resorted to in the treatment of diseases of the skin, and such measures being mechanical in their application may be termed mechanical remedies. These methods are known as massage, compression, blood-letting, incision, excision, enucleation, scooping, scraping, the seton and cauterization. Although these mechanical applications have been used more or less from time immemorial, principally, however, in the hands of the ignorant, or the sly quack, yet isolated cases have been reported every now and then in this or that country in which some practical physician has availed himself of one or the other means to cure his patients. Mechanical methods of treating diseases of the skin had almost been lost sight of until a few years ago, when I brought the subject before the Medical Society of the State of Pennsylvania in a communication, with some illustrations of the value of blood-letting in cutaneous affections. Both before and since that time I have written and spoken much upon the subject, not only of blood-letting, but of all the neglected mechanical remedies, and from a long personal experience with them can attest to their great use and value

in treating many of the more obstinate forms of diseases of the skin. It is to be regretted, however, that the text-books of the day have little, if any, allusion to these important agents, and it is with the hope that they may become more generally known, and their curative action tested that I allude briefly to the subject upon this occasion. I will speak of remedies under the following headings, and for a more detailed description of them would refer to my paper read before the American Medical Association, June, 1883.

Massage.—As a general remedy, massage has been long and favorably known, but has been seldom employed as a method of treating diseases of the skin. In certain morbid states of the integument, when properly used, it is attended with a most beneficial effect, and often results in restoring the surface to its natural condition. It not only acts directly on the part, but by its indirect effect, when employed over the general surface, will impart tone and vigor to the entire system. This direct as well as indirect action of massage renders it available both for its local and constitutional effect in many diseases of the skin. Massage is a most important and valuable adjuvant in promoting and increasing oxidation in psoriasis and scrofuloderma. In these and other similar pathological conditions the skin is rendered more active by its use, the effete products are removed, and the red corpuscles of the blood are increased. It is especially advantageous for its effect in neuralgia, in perverted sensibility and trophic disturbances of the skin. In these neuroses it relieves pain by its sedative and counter-irritant effects, and has a tonic action upon the nervous system. In some of the sub-acute forms of eczema, in which the integument is covered with groups of papules somewhat thickened and dry, the application of massage will often arouse the activity of the absorbents, increase the circulation, lessen or arrest the itching, and restore the skin to its natural condition. It is, however, in the chronic form of eczema that massage has been, according to my experience, both effective and curative. In chronic cases of eczema, where the integument is deeply infiltrated, rough, thickened even to a leathery state, hard and dry, and upon which medication has been used without any result, the application of massage breaks up the exudation, stimulates the absorbents, removes the inflammatory products from the parts, and restores them to their natural condition. It is equally efficacious in the same disease when the integument is covered with confluent patches of papules, and more or less infiltration with dryness of the surface, and attended with a most intense and persistent itching. The abnormal and pent-up products are often thus speedily removed, the massage having a sedative action on the parts as well as on the entire body, and the most pleasant state of repose often following its application. Massage is a most useful and beneficial application in the dry form of seborrhœa and in the thinning and loss of the hair, the sluggish circulation being augmented, the absorbents made active, and tone and vigor being imparted to the glands and hair follicles. It is likewise a valuable agent used in indurated acne, in glandular swelling, and in excessive and deficient pigmentation of the skin; the choked-up absorbents are aroused to activity, and the parts are soon restored to their normal condition. Massage not only acts in this local manner, but it is a most important remedy applied over the general surface in curing or assisting to remove many functional derangements, such as gastric and intestinal disorders, with or without constipation, which are often active factors in keeping up many of the cutaneous diseases already named.

Compression.—Compression, and it is most useful in the treatment of diseases of the skin, can be applied by means of any substance which will afford rest and support to the affected parts. In many affections of the skin it will either assert itself or assist medication in overcoming the morbid state of the tissue, which often resists for a very long time the action of drugs alone. Compression is a valuable means to use in eczema, especially that form which involves the abdomen, the nates, and the genital regions. It serves in these affections to protect the parts, prevents friction with the adjoining portion of the integuments, and limits the spread of disease. It relieves the congestion in such cases and arrests the effusion. It is also very effective in acute and sub-acute eczema by soothing muscular irritation, toning up the dilated capillaries and preventing the escape of serosity. Compression is a most important adjuvant in the treatment of certain eruptive fevers, for œdema after erysipelas, as well as in eczema,

furruncular and glandular affections, herpes, herpes zoster, and urticaria.

Blood-letting.—The abstraction of blood is most beneficial in diseases of the skin, both for its general and local effect. It is a most powerful antiphlogistic remedy and acts in a speedy manner in relieving and in arresting morbid changes of the skin. Blood-letting is not only valuable as an adjuvant in treating certain obstinate cutaneous diseases, but it is also most useful in chronic affections, after the various drugs have been exhausted without having any effect upon the parts. Blood may be abstracted either topically as from the capillaries of the integument or generally from a vein or artery. Local depletion is the most common and useful form of abstracting blood for the treatment of diseases of the skin, general blood-letting only being used in a very few instances. Topical blood-letting may be performed by puncturing, scarification, and leeching.

Puncturing.—The integument can be depleted either by a bistoury, a tenotome, or a short pointed needle, which I have termed the "dermatone." Puncturing the skin relieves the congestion and stagnation of the blood in the vessel, by equalizing the circulation, stimulating the action of the absorbents, and thus removing all deposits from the tissue. It is decidedly effective in chronic eczema, acne, scrofuloderma, carbuncles, erysipelas, excess of pigment, and in neuroses.

Scarification.—Scarification, although not as frequently employed as puncturing in the treatment of diseases of the skin, is nevertheless an important means to use over an inflamed surface, the relief brought to the parts from dividing the engorged bloodvessels being often most decided.

Leeching.—Leeching, while inferior to puncturing and scarification for the abstraction of blood, can be resorted to in nervous persons, who fear the use of the knife or the needle.

Venesection.—Venesection will bring a most decided relief in certain cutaneous eruptions, especially in strong, robust subjects having every evidence of a plethoric state of the system. I have employed it with success in general eczema and psoriasis.

Incisions.—Incisions are made upon the integument for the purpose of exposing, dividing, or removing the parts. They are valuable in sebaceous cysts, lymphatic enlargements, in local inflammatory patches, to relieve the tension of the integument, to divide sensitive nerves and to give a free exit to pent-up inflammatory products. Incisions are employed with advantage in sycosis, rosacea, erysipelas, boils, and carbuncles.

Excision.—Excision, or the removal of part, can be accomplished by either incision with the knife, by a ligature, or by crushing benign and malignant tumors of the skin as well as warts. Horns and moles are often removed from the integument by one of these forms of excision.

Enucleation.—Enucleation is a means employed to rapidly peel out diseased structures, especially after the skin and capsules have been divided over morbid growths.

Scooping.—Scooping is a form of enucleation. It is usually performed with a smooth, sharp spoon, and is an invaluable method of removing broken-down products, pent-up secretions, especially in cutaneous abscesses, sinuses, and strumous glands.

Scraping.—Scraping is but a modification of scooping, and can be performed with almost any rough substance. The curette is, however, the instrument generally used. Morbid products can be removed by scraping, as in lupus, cancers, etc., and thus facilitating or assisting the action of local remedies to the parts.

Cauterization.—Cauterization can be performed by heating a metallic substance to a high degree of temperature, through the action of the solar rays and a lens, besides the use of the various caustic medicinal remedies. The mechanical cautery, as usually employed, consists of variously shaped pieces of iron, needles, pins, or any metallic substance heated to either a white or dull red heat and applied to the affected integument. The success of the actual cautery in morbid growths of the skin, especially in lupus and cancerous affections, is already well known to every practitioner, and simply needs to be mentioned in referring to the great value of this useful mechanical agent.

The mechanical remedies that I have thus briefly enumerated can be used alone or combined. Some of them can be employed in conjunction with the constitutional treatment, either for their local or systemic action, or both, or as an assistant to topical medication. They will be found to be invaluable adjuvants, and often powerful agents in arresting and removing some of the most obstinate diseases of the skin after medicinal remedies have entirely failed.

And now, having given a brief account of some of the means and methods employed by me in the treatment of diseases of the skin, I submit them here with a desire that they may be tried by some of my colleagues in this specialty. If they confirm them to be what I have claimed for them, they will go far to improve the therapeutics of dermatology, which have been held for some time past as being exhausted, and leaving nothing for us to do but to follow our predecessors in the well-beaten path of ages, and who were but unsatisfactorily informed of the nature and character of pathological conditions.

THERAPEUTIC NOTES.

For Inflamed Mamma (Dr. Whitla, Belfast).

℞. Ext. belladonnæ . . . ʒj.
Glycerin . . . . q.s. ut.

Fiat applicat. Sig. A little to be spread upon lint and applied to the inflamed breast and covered with oiled silk.

Painful Gastric Affections.

℞. Bismuth subnit. . . gr. lx.
Ext. cannab. ind. . . gr. vj.

M. Divide in pil xiij., bis in die. (Ibid.)

Alcoholism

℞. Tr. capsici . . . . ʒiij.
Spts. ammon. aromat. . ʒiij.
Tr. calumbæ . . . ʒj.
Tr. card. co. . . ʒvj.
Aquam ad. . . . ʒviij. (Ibid.)

M. Fiat mixtura. Sig. A tablespoonful with the same quantity of water every two hours, or when craving for drink comes on.

Stomachic and Tonic.

℞. Pulv. rhei . . . . ʒiss.
Syrupi . . . . ʒj.
Spt. chlorof. . . . ʒiij.
Ess. anisi . . . . ♏xx.
Aquæ carui . . . . ʒviss.

Fiat mixtura. Sig. A small tablespoonful at a time as a tonic or stomachic, or a wineglassful as a purgative. (Ibid.)

Urticaria (Chronic).

℞. Ammonii bromidi . . . gr. clx.
Aquæ aurantii . . . . ʒiv.

M. Sig. Two teaspoonfuls in water every two or three hours until relieved.

Tonic.

℞. Tinct. ignatiæ . . gtt. c.
Tinct bardannæ seminis, q.s. to ft. ʒv.

M. Sig. Two teaspoonfuls in water three times daily.

Continuation of the prescriptions used by Dr. John V. Shoemaker in the treatment of patients at the Philadelphia Hospital for Skin Diseases.

For systemic effect:—

Seborrhœa Oleosa.

℞. Ferri. iodidi . . . gr. xl.
Aloini . . . . . gr. ij.

M. In pillulæ No. xx.

Sig. One pill three or four times daily.

Scrofuloderma, Syphilis, Eczema Chronic and Seborrhœa Sicca.

℞. Olei morrhuæ . . ʒj. to ʒiv.

Sig. Inject into the subcutaneous cellular tissue every day until the constitutional effects of the oil are experienced.

For Constipation.

℞. Olei ricini . . . } āā ʒss. to ʒij.
Olei amygdalæ dulcis }

Sig. Inject into the subcutaneous cellular tissue of the back or limbs.

Hyperidrosis.

℞. Picrotoxin . . gr. $\frac{1}{100}$ to $\frac{1}{200}$
Ft. pillulæ No. j.
Mitte No. ix.

Sig. One pill three times daily, or give one-twenty-fifth grain hypodermically.

Psoriasis (Chronic).

℞. Sodii Arsenitis . . . gr. j.
Aloini . . . . . gr. ij.
Extracti digitalis . . . gr. v.
Extracti belladonnæ . . . gr. iss.
Extracti calami . . . gr. xx.

M. Ft. pilulæ No. xx.

Sig. One pill three or four times daily.

Antidote for Iodoform.—Dr. Behring found tablespoonful hourly doses of a 20 per cent. solution of bicarbonate of potassium to act as a prompt antidote in iodoform poisoning.

Thoracic Pains in Phthisis.—Dr. Rigaud recommends against this "stitch in the side" of advanced consumptives, the covering of the ailing part with a thick coat of collodion to secure its immobilization.

Chromic Acid in Mercurialism.—Dr. Cauquil, of Montpellier, states that two or three applications of a 5 per cent. solution of chromic acid with a brush suffices to eliminate salivation and other sequelæ of an excessive use of mercury

Yvon's Paraldehyde Elixir for Insomnia.—℞. Paraldehyde, 10 grammes; alcohol at 90°, 40 grammes; tinct. vanilla, 2 grammes; aquæ, 30 grammes; syr. simpl., 60 grammes. M. Dose, ʒj. to ʒij.

THE
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TO OUR READERS.

It is with pleasure that THE BULLETIN calls the attention of its readers to the intellectual and practical value of the articles given in this month's issue. Professor Pepper's clinical lecture is in keeping with the distinguished gentleman's reputation and will be read with interest. Then follows, under the head of "Original Communications," a paper read before the late International Medical Congress by the eminent English physician, Grant-Bey, M.D., on the absorbing subject of cholera. This paper we advise our readers to peruse carefully, as it gives the experience, and contains important advice with regard to the treatment and the sanitation of this disease, of one who is a high authority on the subject of which he treats. It was furnished to us for publication by the author himself. After it comes an article from the pen of Dr. Alexander Haslünd, President of the Section on Dermatology at the Copenhagen Congress, on the subject of Lupus Vulgaris and (phthisis) Tuberculosis, which is fraught with interest. Dr. Haslünd bears an enviable reputation as a dermatologist in Europe, and his utterances are received with great consideration. Dr. Wm. R. D. Blackwood continues his invaluable articles on "Electricity in Abdominal Disorders," and here we can assure our readers that we know of no writer who is better qualified to instruct than our friend on this subject, and he also possesses the happy faculty of expressing himself in so lucid a manner that all his readers understand thoroughly what he is saying. "Cholera treated successfully with Calomel," is the caption of a communication by D. K. Shoemaker, M.D., one of our old practitioners, and a timely and useful one too, not to be slightingly passed by. It will be seen that he and Grant-Bey pursued a somewhat similar course in their treatment of cholera and with equally good results. In the "Therapeutic Use of the Bromides," Dr. Edward C. Mann gives us something to think about, and which will prove useful to some of our practitioners who make mental and nervous diseases a specialty. The article is of practical importance. "The treatment of Diseases of the Skin by novel means and methods," by John V. Shoemaker, M.D., is a fitting conclusion of the articles by our contributors. Our readers will please make their own comments after perusing it. It was read before the Section of Dermatology and Syphilis of the Copenhagen International Medical Congress. And so with the rest of the contents of the magazine. All equally good.

In thus calling the attention of our readers to the value of the articles furnished them by our correspondents, it is not done in a spirit of vanity or boasting, but simply to call attention to the superiority of THE BULLETIN over its contempories and its reasonable subscription price. As the season is now approaching in which annual subscriptions are made, we trust that the claims of this magazine will not be overlooked by the profession.

CHEMICAL DEPARTMENT AT JEFFERSON MEDICAL COLLEGE.

UNDER the supervision of Dr. John W. Mallet, the recently elected Professor of Chemistry at Jefferson Medical College, an increased efficiency will be given to the instruction in the chemical department. The amount of time which the medical student has at his disposal is limited, and it is necessary to economize it to the utmost. It is advisable, therefore, that as far as the laboratory work is concerned it shall cover the practical application of clinical chemistry, fitting the student for the proper performance of such tests as may be necessary in the physician's office. It is a mistake, however, to suppose that the detection of albumen and sugar is the only applications which chemistry has to diagnose, the intelligent practitioner of the present day must know something about the examination of drinking water, and also the methods of detecting the more common poisonous metals such as iron, copper, lead, and arsenic. The course of instruction in the laboratory of the college will be directed to these ends, while at the same time a little of the theory and principles of

chemistry will be taught. One of the great advantages of actual laboratory practice is that it affords the student an opportunity to become familiar with manipulation. He learns how to handle a test-tube, how to pour out the reagents and other matters apparently simple, but really points on which serious and even dangerous mistakes may be made. A portion of the time will be devoted to the more important points in animal chemistry, such as the distinction between the nitrogenous and non-nitrogenous tissue and chemistry of the albuminoids. Instruction in urinary chemistry will, of course, form an important feature, and both spectroscopic and microscopic methods will be incidentally touched. The pupils will also be taught to recognize cases in which by accident or design substances of a non-pathological nature, such as milk or starch, have been introduced in the urine. The laboratory instruction will be under the charge of Dr. Henry Leffmann, whom the Faculty have appointed Demonstrator of Chemistry.

A HIGHER STANDARD OF MEDICAL EDUCATION.

OUR esteemed friends of the editorial staff of the Maryland Medical Journal are in a state of great tribulation at the successful speech made by Dr. Morris H. Henry, of New York, at the last meeting of the American Medical Association, published in THE BULLETIN, July, 1884, on the subject of "A Higher Standard of Medical Education." The Journal speaks of it as "dramatic in a high degree," but grants that it was "eloquent and effective." The editors then state that "none approved of its sentiments in favor of a higher standard more than we. But with all that it seems to us to have been rather a superfluous ebullition of words for which there was no occasion." With all deference to our esteemed contemporary—bearing freely in mind the long odds of the Journal editors against us—the speech was admirably timed and cannot fail in its purpose—the ultimate advancement in our systems of teaching and rejection of pupils unless they display natural and acquired fitness for the practice of medicine. The only dramatic feature of the speech was the pluck and ability displayed by the speaker against the noise and clamor of those who were averse to any discussion of the subject. At the conclusion, however, of Dr. Henry's remarks, and after the Association had fairly made the hall ring with applause, the president, in a few words, gracefully acknowledged his "sympathy with the cause and the eloquence of his friend Dr. Henry." The Association testified its approval and indorsement of the remarks and the cause with such force that no one can question its wishes, or its appreciation of the importance of the subject. Dr. Henry's answer to the attack of the Journal published in their issue of October 11, afforded him additional opportunity—which he did not fail to embrace—of advancing his views before the Journal's readers. His purpose is a good one. No one can question his motives and integrity in the cause he champions.

ELECTRICAL EXHIBITION OF THE FRANKLIN INSTITUTE.

MUCH interest was felt in the scientific world when the announcement was made that an international electrical exhibition was to be held in Philadelphia under the auspices of the well-known institute which has so well fostered progress in the arts and sciences during many years past. Application for space in the immense building poured in from all quarters at such a rate as to compel the construction of an annex which was filled fully in every part. The exhibits of main interest were the systems of electric lighting of some thirty firms, the combined display of whose lamps ran up into the thousands, no less than one hundred and fifty arc lights being suspended from the main trusses of the roof and developing at one time a combined candle power *of more than half a million!* To these were added an equal number on the ground floor, and to say that the building was as light as day was to dwarf the real truth. Another flood of splendor was produced by the thousands of incandescent lamps of many kinds,

and the magnificent electroliers were universally admired, the polished brass of many beautiful forms being well set off by the polychromatic glass lilies within which the incandescent filaments were giving out their soft yet powerful white light. The perfect steadiness, the absence of poisonous fumes, the little radiant heat, and the uniform power of the incandescent lamps commended them to all, and a certain extension of this desirable system for residences is assured from the interest taken in it by those unfamiliar heretofore, and the orders already secuured by several exhibitors.

The dynamos attracted universal attention, and they were shown in every form from the mammoth "Jumbo" of many tons weight to those small enough to tempt one to doubt its utility if actual observation did not display its power.

The telephone, of course, was illustrated in all its forms, and the historical display of the experimental stages of the instrument of various inventors was curious and instructive. The Bell monopoly is shown to be unsupported by valid claims, and the odd yet perfect instruments of others antedating Bell, opened the eyes of many who previously knew nothing practically about the matter. The exchange switch system was seen in operation under several methods. Great interest was evidenced in the examination of the multiplex telegraphic systems which have only been heretofore known through popular articles in the press, but to most observers the mechanism was too intricate to be readily comprehended.

Probably the most instructive part of the display lay in the remarkable collection of instruments of precision, many of the apparatus being unique and seen here for the first time. The English and French exhibits were remarkably perfect in finish and delicate in action. A very complete line of sine and tangent galvanometers, direct and reflecting, for testing submarine cables and long land lines was shown, and the ordinary rheostats and galvanometers were endless in form and adaptation to every conceivable method of electrical measurement.

The transmission of force for motive power was illustrated in the driving of looms, lathes, and other machinery, and by two electrical railways, one of which conveyed many hundreds of delighted passengers in cars propelled and lighted by one and the same current. The storage of electric force was shown by several different makes of secondary batteries, all of which worked nicely.

The exhibition has been the means of demonstrating to what was practically a convention of electricians the success of the newly introduced storage batteries. The exhibit of the Railway Light and Power Company, a corporation whose stock is held entirely by managers of railroads, has convinced a good many sceptics. There was shown a number of batteries that have been successfully experimented with by the Pennsylvania Railroad on the Pan Handle section, and it is said that the Pennsylvania Road will shortly introduce the system on their cars. It was found that the plant to light each car cost $100, or from $17 to $35 less than the cost of the plant to light a car with gas. Each locomotive is provided with a dynamo, costing about $250 and lighting from five to eleven cars. It is claimed that the steam to run the dynamo would cost fifty cents a night, while the expense of lighting five cars by gas would be $7.50 per night. The company also says that gas, when subjected to pressure, as it has to be on railroad cars, loses in value 50 per cent., while the storing of electricity only causes a loss of force of from 10 to 15 per cent.

Railway safety appliances were shown in practical use, and new methods of actuating switches by compressed air in conjunction with electricity were much appreciated by the traveling public.

Medical and surgical applications of electricity received very little attention, the only makers of apparatus exhibiting of any note being Fleming, of Philadelphia, whose products are well known and appreciated. A number of quacks were demonstrative in their usual style, and the management should have exercised better oversight in this direction by

excluding them from a purely scientific exhibition.

Lectures were delivered every second evening, and occasionally in the morning and afternoon, on matters concerning electricity, all of which attracted attentive audiences. Space will not permit detailed notice of the thousand and one wonderful things shown, and it is safe to say that thousands of visitors saw and understood for the first time how wonderful and common was the application of electric force to numerous processes in arts and science which they had never before suspected. Take it all in all the exhibition was a grand success, equalling any preceding it in all departments, and in many surpassing all previous displays of novel and valuable processes in the interest of our daily labors and nightly amusements. It is gratifying to know that the pecuniary success also is assured, over three hundred thousand visitors having attended, and the building with its extensive fittings remains all paid for, together with a surplus in the treasury. As the Centennial surpassed all preceding world's fairs, so did the International Exhibition of Electricity in the city of homes and the city of Franklin, the quiet, but solid city of brotherly love, excel its predecessors in every particular.

A Worthy Tribute.—During a recent visit to New York, the writer in glancing through some books in one of the large libraries, had his attention attracted to some fine expressions that were spoken by the late lamented Professor S. D. Gross before the class of Bellevue Hospital Medical College, January 10, 1880. One of the students present at this lecture copied in this book the following, which has never been published, and which is a most worthy and fitting tribute from that most distinguished surgeon to Professor Sayre: . . . "Dr. Sayre has done wonders in the field of surgery. He has not only made a fame for himself throughout the civilized world, but has also made a fame for the nation. I shall probably not be there when he shall pass away to write his biography as I am a number of years older than he, to tell the world of his wonderful achievements, but he will need none, for the world is already his biographer. It has erected to him a monument more durable than marble or brass." . . .

The Relations Between the Mind and Nervous System.—Professor William A. Hammond, of New York, Ex-Surgeon General of the United States Army, delivered the annual address of Founder's Day at Lehigh University, October 9, on "The Relations Between the Mind and Nervous System." The orator treated the subject in his usually masterly manner, and in closing his address paid a glowing tribute to the memory of Asa Packer, founder of the University.

COLLEGE GOSSIP.

Jefferson Medical College.

Dr. Henry Leffmann (Class of 1869) has been appointed Demonstrator of Chemistry.

Dr. Cephas L. Bard, of San Buena Ventura, Cal., is visiting his family in Chambersburg, Pa.

Dr. Henry Leaman (Class of 1864) has removed to 828 N. Broad Street, Philadelphia, Pa.

Dr. F. M. Halbert (Class of 1880), of Skipwith Lodge, Duncansby, Miss., was married, September 24, to Miss Mary Sharpe Miles.

Dr. John D. Mercur (Class of 1878), of Scranton, Pa., has been for the past seven months, and is still in Vienna, perfecting himself in gynæcology.

Dr. J. T. Eskridge (Class of 1875) is at present resting at Colorado Springs, Colorado. In a recent letter to the editor, the doctor says his health is rapidly improving, and he expects to return home by next spring and resume practice.

Dr. Edward N. Senseney (Class of 1870), of Chambersburg, Pa., died October 2, of phthisis. Public Opinion, the leading paper of the Cumberland Valley, states that Dr. Senseney is the last of three generations of his name that adorned the medical profession. Succeeding to the large and lucrative practice of his lamented father, and entirely capable of taking his place, his prospects for usefulness and eminence could not have been brighter. He was a close student in all that pertained to the most advanced medical science. He was a gentleman of rare culture; was possessed of a heart which knew no disguise and a native grace that charmed all with whom he came in contact. Discerning the sad fate which confronted him, he calmly and in

content awaited the parting moment, rightly predicting that ere the leaves would fall, he would cross that bourne whence no traveller returns.

University of Pennsylvania.

Dr. Henry F. Formad has been appointed Coroner's Physician of Philadelphia.

Dr. A. Sydney Roberts (Class of 1877) has removed to 255 S. Sixteenth Street, Philadelphia.

Professor R. S. Huidekoper opened the Veterinary Department with an able and eloquent address.

Dr. William Osler, of Montreal, Canada, was elected by the Board of Trustees last month Professor of Clinical Medicine.

Professor Harrison Allen delivered, in September, a lecture at the Electric Exhibition, on Medical Electricity, which was attended by a very large number of physicians.

Dr. Horace Hoskins has been elected Demonstrator of Veterinary Anatomy, and Dr. Alexander Glass Demonstrator of Practical Pharmacy, in the veterinary department.

College of Physician and Surgeons, Baltimore, Md.

Professor George H. Rohé presented a paper on "Hygiene of Occupations," at the recent meeting of the American Public Health Association.

NOTES, QUERIES, AND REPLIES.

ROSACEA.

DR. SHOEMAKER: *Dear Sir,*—Will you please give me some information through the columns of THE MEDICAL BULLETIN.

I have at present under my care a severe case of *Rosacea*, the tip and alæ of the nose being intensely erythematous with a number of congested spots on the cheeks and around the angles of the mouth.

The beginning of the trouble dates back several years, with no direct history of the exciting cause. No extension seems to have taken place within the last four years, but at times the redness becomes more intense, particularly in warm weather. The patient is perfectly temperate in habits, with but the slightest tendency to constipation, which has been cautiously attended to, but has for years been troubled with leucorrhœa more or less. I have followed the treatment laid down in our standard works on dermatology, but with no satisfaction. Can you, from your experience in such cases, suggest anything which you have found satisfactory in the treatment of such cases, and what is the usual prognosis in your cases?

Your sub.,

DR. T. A. MCNAMARA, Corning, N. Y.

[Remove the exciting cause; puncture the surface three or four times a week with the needle-knife, allow the parts to bleed freely by applying hot water after each operation. Use the ointment of bismuth oleate two or three times daily until all local irritation disappears.—EDITOR.]

Chronic Dyspepsia.—Sir: I have an obstinate case of dyspepsia in a young man, thirty-three years of age. Have resorted to all known drugs that are generally used. Can you offer any suggestions? Yours,

MEDICUS.

[Place your patient upon a restricted diet; use massage directly over the stomach and intestines at least once a day, and give a course of the Carlsbad waters for from four to six weeks.—EDITOR.]

Syphilis.—Sir: An old case of secondary syphilis has recently come under my care, the patient is a woman, almost middle age; tongue sore and cracked; indolent; tubercles scattered over the body. She is anemic, weak, and has poor digestion. Yours, A. L. F.

[A. L. F.—The hypodermatic injection of one-tenth of a grain of mercury bichloride dissolved in simple water, every day increased to one-half a grain, in the subcutaneous cellular tissue of the supra-scapular or social region, will be the safest, quickest, and most certain means of overcoming the syphilis.—EDITOR.]

MEDICAL NEWS AND MISCELLANY.

DR. WILLIAM D. RONALDSON has removed to 28 N. Thirty-eighth Street, Philadelphia.

DR. ROBERT NEWMAN, of New York, made a hurried visit last month to Philadelphia.

THE AMERICAN PUBLIC HEALTH ASSOCIATION assembled in St. Louis, October 14, and had a large representation from all parts of the country.

THE MEDICAL BULLETIN FOR 1879 AND 1880.—The publishers will purchase back numbers for 1879 and 1880 from those who wish to dispose of them, also August issue for 1882.

MINNESOTA STATE MEDICAL SOCIETY.—At the annual meeting of the Minnesota State Medical Society, held June 24, 1884, at Stillwater, Dr. John V. Shoemaker was elected to honorary membership.

THE PHILADELPHIA PATHOLOGICAL SOCIETY.—Dr. Delafield, of New York, by invitation, read a valuable paper before the Society on Thursday evening, October 23. After adjournment the guest of the evening was tendered a reception at the University Club.

HONORED.—Dr. Thomas Addis Emmet, of New York, gave a brilliant reception to Dr. Lyon Playfair, Friday, September 26th, at his home in Madison Avenue. The three handsome houses which the doctor occupies, the one for his home and the other two for his hospital, were crowded with eminent members of the profession from all parts of the country to pay their respects to Dr. Emmet and his distinguished guest. Among the prominent members of the profession present, were, Professor Fordyce Barker, Dr. Thomas M. Drysdale, Professor William A. Hammond, Dr. Wm. B. Atkinson, Dr. Albert H. Smith, Professor Theophilus Parvin, Dr. William S. Stewart, Dr. Frank Foster, Dr. William Carpenter, Professor William H. Pancoast, Professor Louis Elsberg, Professor Paul F. Munde, Dr. Boardman Reed, Dr. John Snowden, Dr. Benjamin Baer, Dr. Montrose Pallen, Dr. L. Duncan Bulkley, Dr. George Henry Fox, Dr. William C. Wile, Professor Cornelius R. Agnew, Professor William Detmold, Dr. Lewis Sayre, Professor Edward Janeway, Professor Polk, and very many others. The reception lasted until a late hour, old friends and new mingled in the most social and genial manner, enjoying the pleasant and delightful gathering brought about in such a happy manner by Dr. Emmet. The host has a magnificent library and a quaint collection of art and ancient history, in which the editor of this journal and many others became deeeply interested. The last survey made by George Washington was shown, as well as the Constitution of the Colonies, which had been bound in book form and presented by Franklin to the French Court, afterwards saved during the revolution and brought back to this country. Old pieces of parchment, valuable historical works, and ancient and quaint pieces of art were pointed out, much to the enjoyment of those who enjoyed this rare opportunity. We departed, after passing a delightful evening, wondering how a great physician had time to become so well versed in all matters pertaining to science.

SURGICAL TEACHING.—In passing through Bellevue Hospital, New York, a few weeks ago, the editor, in company with Professor William H. Pancoast, called at the surgical clinic of Professor Frederick S. Dennis, and, though strangers, were accorded a most hearty reception by the lecturer and his class. The amphitheatre was filled with students who appreciated by their attention and fine deportment the valuable experience expressed by their teacher in simple but choice expressions, as one case after the other was exhibited and explained to them. The teacher pushed on rapidly in his work, now teaching, again operating, but always keeping his class interested, the time passing by with great utility to all present. During the lesson Professor Dennis showed a little child having a gunshot injury of the knee-joint, explaining at the same time rest and the antiseptic treatment that had been used and the good results that had followed to the little sufferer. In the course of his remarks he spoke of having been in Philadelphia some years ago in company with Professor Lewis Sayre and the late Dr. James Wood, and having listened to a most brilliant lecture upon the knee-joint by Professor William H. Pancoast, who was present with them to-day, and who he then presented to the class and asked to make some remarks upon this patient. Dr. Pancoast, who was warmly greeted by the students, spoke at some length upon wounds and injuries of the knee and other joints, coinciding in every way with the valuable advice and teachings of Professor Dennis in this instance. Dr. Shoemaker was, in turn, called upon by Dr. Dennis, and in response added that he deeply regretted upon this occasion that he could not speak to them upon a subject that had already been so ably treated and spoken about by both Professors Dennis and Pancoast. He had come simply as a listener, and during the hour had enjoyed very much the interesting cases and the instructive remarks of Professor Dennis, who had shown himself to be not only an able teacher but a remarkably skilful operator.

NEW YORK STATE MEDICAL ASSOCIATION.—The proceedings of the first annual meeting of the New York State Medical Association to be held November 18, 19, 20, and 21, at the Murray Hill Hotel, Park Avenue, Fortieth and Forty-first Streets, New York City, will be both a large and interesting gathering. The elaborate programme, just published, includes, besides the address of the President, Dr. Henry D. Didama, the addresses on surgery, by Dr. E. M. Moore; obstetrics and gynæcology, by Dr. L. Gaillard Thomas; medical and non-medical therapeutics, by Dr. Austin Flint, and forty-three papers from some of the leading practitioners, teachers, and writers in New York. On Thursday evening, November 20, the Fellows residing in New York County will entertain the Association at a banquet in the south grand hall of the hotel. The fourth day, surgical operations in the Bellevue Hospital; demonstration of the Association of the plaster-of-Paris jacket, by Dr. Lewis Sayre, and excursions to the hospital and other institutions.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.—Subscribers wishing copies of the daily edition of THE MEDICAL BULLETIN, containing a stenographical report of the proceedings of the Medical Society of the State of Pennsylvania, should at once address the publishers, as but few copies remain on the file. Given free to our subscribers.

BOOK REVIEWS.

Index Catalogue of the Library of the Surgeon-General's Office, United States Army; Authors and Subjects. Vol. V. Flaccus-Hearth. Washington: Government Printing Office, 1884.

Dr. Billings, Surgeon United States Army, has given to the profession and the whole scientific world this fifth volume, being one of a set of the most complete and useful books in any language. Dr. Billings's report to Surgeon-General Robert Murray shows that this work includes 15,555 author-titles, representing 5,755 volumes and 12,596 pamphlets. It also includes 8069 subject-titles of separate books and pamphlets, and 34,-127 titles of articles in periodicals. The author follows his tabulated statement with the fourth addition to the alphabetical list of abbreviations of titles of medical periodicals employed in the index catalogue published in the first volume. The catalogue proper opens on page one with flaccus and and closes on page one thousand and fifty-five with hearth. Each word is carefully indexed by the author, who has shown in this as well as in the previous volumes both a scholarly and a masterly mind in arranging this all important work. The paper, impressions, and binding, like the volumes already received, exhibit the liberality of the department in preparing the work. This book as the fruits of the labors of Dr. Billings, a practical and an energetic worker, both for his profession and his government, reflects upon the author, medicine, and the United States of America, the greatest honor.

Nitro-Glycerine as a Remedy for Angina Pectoris. By WILLIAM MURRELL, M.D., F.R.C.P., Lecturer on Materia Medica and Therapeutics at the Westminister Hospital; Senior Physician to the Royal Hospital for Diseases of the Chest, etc. London: H. K. Lewis. Philadelphia: F. A. Davis, Medical Publisher.

Dr. Murrell, who is already known on both continents as an able writer and teacher, first placed the practical results of his views on nitro-glycerin before the profession in articles published in the London Lancet in 1878, and this well-written volume, which has been very popular in Europe, followed in 1882. The author gives the history and physiological action of this drug, and recites a number of cases in which it was used. Each case is given in detail, showing the action especially on the pulse and the urine, and the deductions are well drawn in every instance cited. The conclusions of this able therapeutist are as follows: the best way to give nitro-glycerin is in the form of a one per cent. alcoholic solution, one minim being equal to one-hundreth of a grain of pure nitro-glycerin. In reference to the dose it is impossible to lay down any definite rule. If a half minim produces no effect, give a minim at once, and go on increasing the dose until the patient complains. It must be remembered, he adds, that the object is not to give a certain dose, but to get the physiological effect of the drug. He further advises that a dose be given every three hours, with an extra dose immediately at the onset of an attack. In all the cases recorded by Dr. Murrell no other treatment was given, but he states that certain accessary measures might be resorted to with advantage. The one per cent. solution recommended he concludes is perfectly safe and may be used without fear. This work will be found of great utility, giving as it will to the busy physician a most thorough account of the use of nitro-glycerin in angina-pectoris.

The Elements of Pathology. By EDWARD RINDFLEISCH, M.D. Translated from the first German edition by William H. Mercur, M.D. (University of Pennsylvania). Revised by James Tyson, M.D. Philadelphia: P. Blackiston, Son & Co., 1012 Walnut Street. Price, $2.

The practical views of one of the best of the modern histologists is placed before the profession in this admirable work in a most careful and systematic manner. The author who is one of the leading pathologists sets forth not only the ground-work in his department, but treats and makes clear many of the more difficult points of the study of pathological processes. The work is divided into a consideration, *first*, of the local outbreak of diseases, *second*, into the anatomical extension of disease, *thirdly*, into the physiological extension of disease, and lastly into an examination of special parts. This volume is rendered more valuable by having been revised by Professor James Tyson of the University of Pennsylvania, one of the most prominent pathologists in America. The original observations and work that Dr. Tyson has accomplished in pathological histology, and the care that he has taken from this experience to place this book so complete in all respects before the American medical profession should commend the volume to all practical physicians.

A Practical Treatise on Diseases in Children. By EUSTACE SMITH, M.D. New York: William Wood and Co. Philadelphia: F. A. Davis, 1217 Filbert Street, 1884.

Few of the recent books that have been placed before the profession discuss so thoroughly the entire subject of disease in early life as the volume written by Dr. Smith. Its chief value consists in the description of each disease purely from a clinical standpoint. The valuable experience of the author in this department for more than twenty years, with the abundant material at his disposal is thus well shown by this

practical and clinical way with which each disease is laid before the reader. Again we note that Dr. Smith has been sensible and judicious in omitting statistical calculations with which many books are filled, and of very little use to the busy physician. He has shown wisdom and forethought by dwelling upon diagnosis and treatment which, by the way, most authors neglect, and has in this way made his treatise on diseases of children both a valuable and useful work. It will also be seen that while the author has laid great stress upon the treatment of each disease, recommending, however, only those drugs which experience has taught him to value, he has likewise given due prominence to the subjects of diet and hygiene. All affections of childhood are accurately and ably described, and it will repay the physician to read over each disease in full or to use the work as a book of reference.

The Physician's Visiting List for 1885. Philadelphia: P. Blakiston, Son & Co., 1884.

We have received from the publishers their annual issue of the Physician's Visiting List, being the thirty-fourth year of its publication, which fact of itself is a pretty thorough attestation of its value to the medical profession. The contents embrace a calendar, list of poisons and their antidotes, dose-tables, rewritten in accordance with the sixth revision of the U. S. Pharmacopœia, Marshall Hall's Ready Method in Asphyxia, list of new remedies, Sylvester's Method for Producing Artificial Respiration, with illustrations, and a diagram for diagnosing diseases of heart, lungs, etc. It is very neat indeed, and cannot help giving satisfaction. The quality of the leather used in the binding has been much improved, and the memoranda for patients is all that can be desired.

A Manual of Obstetrics. 24mo. Pp. 295, with index. By EDWARD L. PARTRIDGE, M.D. New York: Wm. Wood & Co., 1884.

This is a most excellent little work, just the thing for young beginners who may very profitably ponder and digest its contents during their vigils at the bedside of a tedious lying-in. Many a big book will pale before this little one for real intrinsic worth. It is as full of solid information as an egg is full of meat.

Surgical Delusions and Follies. 16mo. Pp. 52. By JNO. B. ROBERTS, M.D. Philadelphia: P. Blakiston, Son & Co., 1884.

This little manual is a revised edition of the "Address in Surgery" before the Pennsylvania State Medical Society in 1884, and the contents are familiar to the profession.

We have been compelled to set aside much interesting medical news and miscellany for want of space.

BALTIMORE NOTES.

EDITED BY

HERBERT HARLAN, A.B., M.D., Cor. Sec'y Alumni Association of Univ. of Md., Ass't Surgeon at Presbyterian Eye and Ear Hospital, and Ass't Dem. of Anatomy, Univ. of Md.; and HIRAM WOODS, A.M., M.D., Ass't Surgeon at Presbyterian Eye and Ear Hospital, Chief of Clinic on Dermatology, Univ. of Md., etc.

Doctors Christopher Johnston, Sr. and Jr., arrived in Baltimore from Europe in the latter part of September. Shortly after his return, Dr. Johnston, Sr., was attacked with diphtheria. He is now convalescent, and his friends hope soon to see him about. This is the Doctor's second attack of diphtheria this year.

At the first meeting of the Baltimore Clinical Society, for the current year, on October 3, Dr. B. B. Browne was elected President. At the same meeting Dr. John Mackenzie read an interesting report of a case of "Hay Asthma in a Negro." It is a recognized fact that the negro race is practically exempt from this disease. This was the only case which Dr. Mackenzie had ever seen or heard reported.

At the University of Maryland lectures are delivered regularly. The classes are as large as usual and seem to be composed of good men. Professors Atkinson and Michael have charge of the medical and surgical services at Bay View, and hold clinics at this asylum every Monday morning. At the University Hospital, Professors Tiffany and McSherry care for the surgical and medical work. A new feature of the University course this year is the weekly Pathological Demonstration by Dr. William T. Councilman.

On October 1, Dr. Ridge Trimble, Assistant Resident Physician of the University Hospital, performed the operation of tracheotomy for diphtheria. The patient was a boy of three years of age, and seemed to be suffocating when Dr. Trimble was summoned in consultation during the night. After the operation the little fellow rallied at once. On the 8th instant his throat was so much better and his general condition so improved that the tracheotomy tube was removed. In spite of Dr. Trimble's instructions to keep the boy absolutely at rest, he was allowed to feed himself and to play about the bed as he pleased. On the 10th instant, while sitting up in bed, he was suddenly stricken with heart paralysis and died instantly. From this brief account of the case it seems probable that life might have been saved, had careful nursing supplemented the operation.

Dr. Robert Gamble (Class of '84) is at Bay View Asylum to spend six months in hospital work prior to commencing practice.